719-125040-213

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289776

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. 711 McKinley Ave St.
Wardner Hospital.
(If born in hospital or institution give name.)

Registration District No. 142 State File No.
Prim. Registration District No. Local Registrar's No. 6

2. FULL NAME OF CHILD Baby Boy Garner.

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Yes, Full term | 7. Legitimate? Yes | 8. Date of birth Jan 25 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Marvin Chesley Garner	18. Full maiden name Bernice Ethel Betzel
10. Residence (usual place of abode) (If non-resident, give place and State) Osburn Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Osburn Ida
11. Color or race White | 12. Age at last birthday 25 (years)	20. Color or race White | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Pountee Oklahoma	22. Birthplace (city or place) (State or Country) Buffalo N.Y.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Jan, 1940	17. Total time (years) spent in this work 10 years
25. Date (month and year) last engaged in this work Jan, 1940	26. Total time (years) spent in this work 6 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? [illegible]

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 4½ mos { months or weeks | 30. Cause of stillbirth { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6 52 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

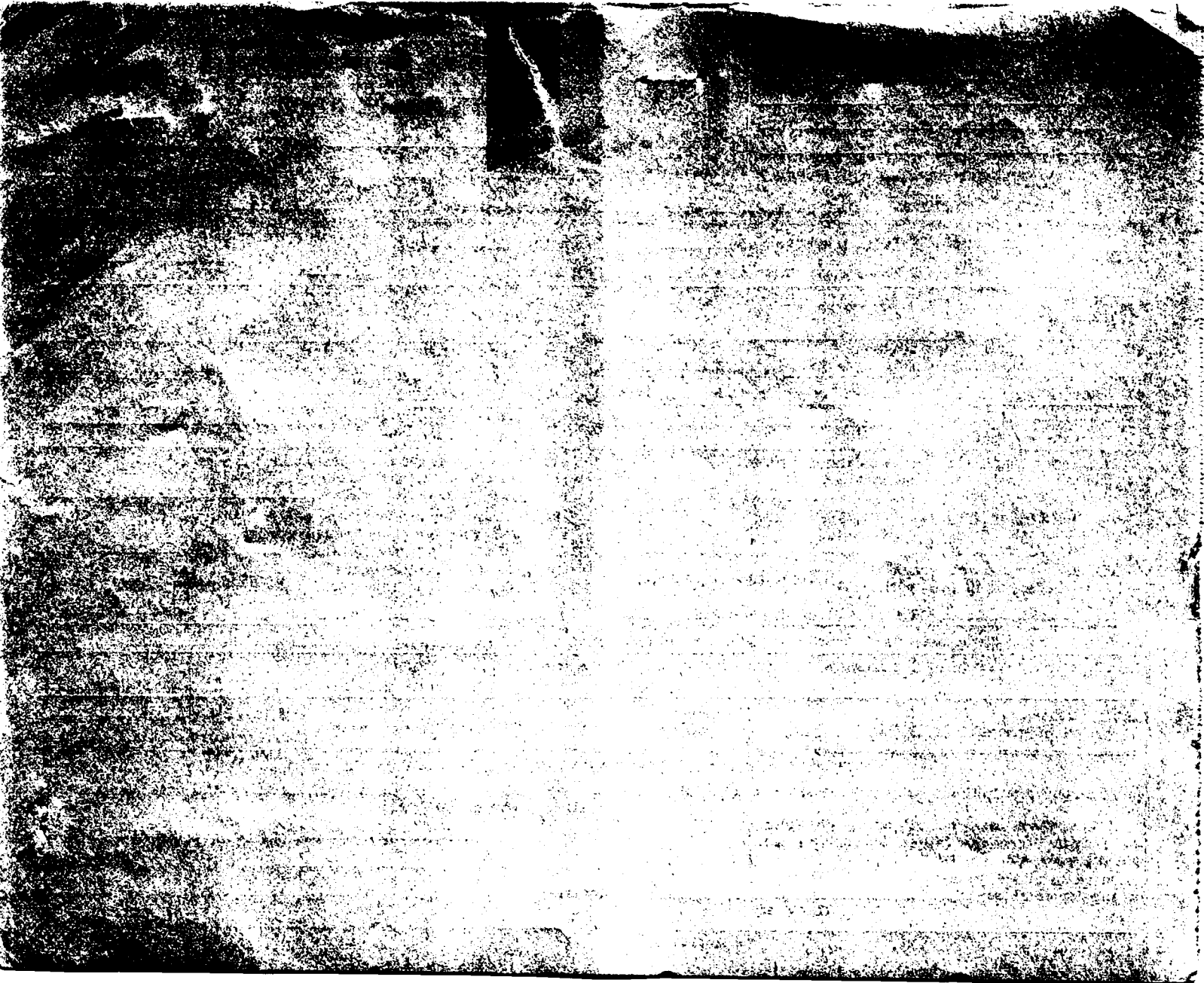
(Date of)

Registrar.

(Signed) Glenn McCaffery, M. D.
or , Midwife
Address

Filed Feb. 3 1940 Mrs. Helen M. Bridle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 117807

1. PLACE OF DEATH

County of Shoshone — Registration Dist. No. 142

City of Kellogg — Primary Reg. Dist. No.

Hardtner Hospital — Local Registrar's No. 9

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Baby Garner

(a) Residence: Osburn

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): Jan-25-1940

7. AGE: Years | Months | Days | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Kellogg Ida

Father

13. NAME: Marvin Garner

14. BIRTHPLACE (City or Town, County and State, or Country): Pawnee Oklahoma

Mother

15. MAIDEN NAME: Jessie Estyle

16. BIRTHPLACE (City or Town, County and State, or Country): Buffalo New York

17. SIGNATURE OF INFORMANT: Marvin Garner

(Address) Osburn Ida

18. BURIAL, CREMATION OR REMOVAL

Place Kellogg Ida Date Jan 25 1940

19. UNDERTAKER: P. L. Gault

(Address) Kellogg Ida

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Feb. 6 1940 by Mrs. Helen McBride

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 25. 1940

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__

I last saw h__ alive on ____ 19__ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset: Yr.	Mo.	Day
Stillborn			
5th months gestation			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? ____

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry__ home__ public place__

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(SIGNED) Glenn McCaffery M. D.

(Address) Kellogg Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

117807

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Shoshone Registration Dist. No.

City of Kellogg Primary Reg. Dist. No.

Local Registrar's No.

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Garner - stillborn

(a) Residence: Certificate with stillborn group at end of month (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE

4. White, Black, Yellow, Red

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth
(Month, day and year)

7. AGE — Years | Months | Days | If less than 1 day hrs. min.

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country)

Father

13. NAME

14. BIRTHPLACE (City or Town, County and State, or Country)

Mother

15. MAIDEN NAME

16. BIRTHPLACE (City or Town, County and State, or Country)

17. SIGNATURE OF INFORMANT

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on (Date) 193 by Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-25-40

22. I HEREBY CERTIFY, That I attended deceased from

19, to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed?

Name of operation date of

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury

, 19 Where did injury occur?
(Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(SIGNED) M. D.

(Address)

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

455 105 0

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Grand View
No. ____ St.
(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

289875

JAN 22 1947

Registration District No. 391 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 1

2. FULL NAME OF CHILD Stillborn Dennistion

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M		Yes	Yes	1-5-, 1940

FATHER	MOTHER
9. Full name Orval Dennistion	18. Full maiden name Luvellyn Lee
10. Residence (usual place of abode) (If non-resident, give place and State) Grand View	19. Residence (usual place of abode) (If non-resident, give place and State) Grand View Ida.
11. Color or race W	12. Age at last birthday 26 (years)
20. Color or race W	21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Garnet Ada	22. Birthplace (city or place) (State or Country) Bayard Nebr
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__	17. Total time (years) spent in this work
25. Date (month and year) last engaged in this work ____, 19__	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 mos (months or weeks) 30. Cause of Stillbirth Malformed. (During labor / Before labor yes)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 10: 20 A.M. m. on the date above stated.

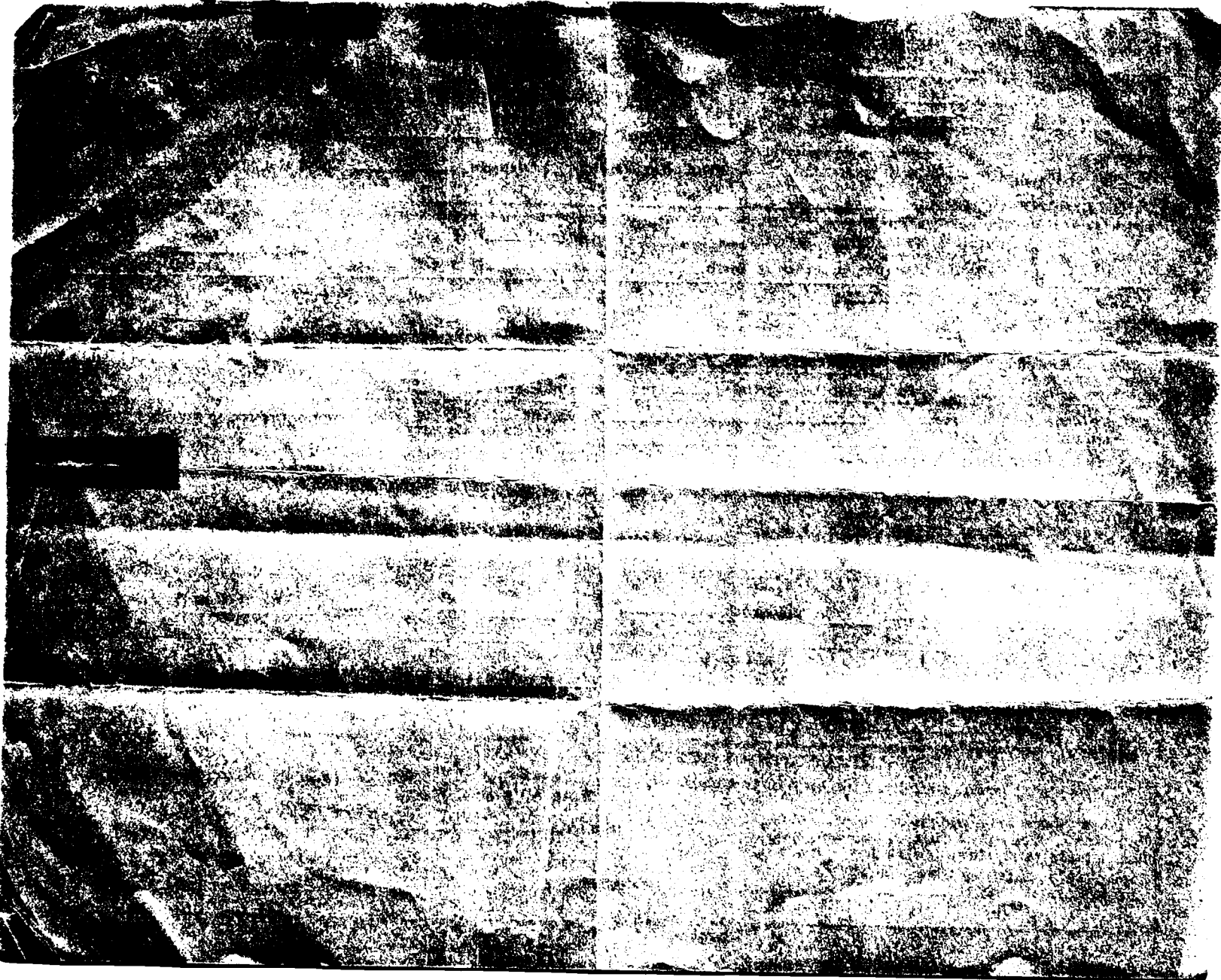
(Signed) J E Evans, M. D.
or ____ Midwife
Address Mountain Home Ida

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Filed Jan. 20, 1940 Alice C. Eckenbeck Registrar.

____ Registrar.



STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 11784

1. PLACE OF DEATH

County of Ida — Registration Dist. No. 391

City of Grand View — Primary Reg. Dist. No.

Home (Home, Hospital or Institution) — Local Registrar's No. 1

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Stillborn Dennistion

(a) Residence: Grand View, Ida (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE ~~FEMALE~~ — 4. White, ~~Black~~, Yellow, ~~Red~~ — 5. Single, Married, Widowed, or Divorced (write the word)

Male | White | Single

5a. If married, widowed, or divorced Husband of (or) Wife of

6. Date of Birth (Month, day and year) — 5 — 40

7. AGE: Years | Months | Days | If less than 1 day hrs. min.

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country) Grand View Ida

Father

13. NAME Stillborn Orval Dennistion

14. BIRTHPLACE (City or Town, County and State, or Country) Genet, Idaho

Mother

15. MAIDEN NAME Llewellyn Lee

16. BIRTHPLACE (City or Town, County and State, or Country) Bayala, Nebraska

17. SIGNATURE OF INFORMANT J E Evans

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Grand View Ida Date 1 — 6 — 1940

19. UNDERTAKER Father Orval Dennistion

(Address) Grand View Ida

20. FILED AND ~~BURIAL OR REMOVAL PERMIT ISSUED~~

on Jan 20 1940 (Date) by Alice C. Eckenbuck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Stillborn Jan. 5/40

22. I HEREBY CERTIFY, That I attended deceased from 1 — 5 — 1940 to 1 — 5 — 1940

I last saw h— alive on ____ 19__ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Was dead at least four days before birth I saw stillborn at Dr

Contributory causes of importance not related to principal causes

Date of Onset	Yr.	Mo.	Day

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis? Physical

Was there an autopsy? No Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry— home— public place—

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) J E Evans M. D.

(Address) Twin Home Ida

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S289877

1. **PLACE OF BIRTH**
County of Bannock
City of Pocatello, Idaho
No. ____ St. St. Anthonys Hospital
(If born in hospital or institution give name.)

Registration District No. 28 State File No. ____
Prim. Registration District No. 511 2161 Local Registrar's No. 5

2. **FULL NAME OF CHILD** Stillborn Anderson

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature 0 Full term yes

7. Legitimate? yes

8. Date of birth 1 — 2 — 1940 (Month, Day, Year)

FATHER

9. Full name: Jared Oliver Anderson

10. Residence (usual place of abode) R.7. D. #1 Pocatello, Idaho (If non-resident, give place and State)

11. Color or race W. | 12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or Country) Blackfoot, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mgr. Western Coal Co.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Pocatello, Idaho

16. Date (month and year) last engaged in this work Present, 1940

17. Total time (years) spent in this work 16 yr.

MOTHER

18. Full maiden name: Sylvia May Yancey

19. Residence (usual place of abode) R.7. D. #1 Pocatello, Idaho (If non-resident, give place and State)

20. Color or race W. | 21. Age at last birthday 42 (years)

22. Birthplace (city or place) (State or Country) Chesterfield, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work Present, 1940

26. Total time (years) spent in this work 23 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo Silvol 20%

28. Number of children of this mother 8 (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 05 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

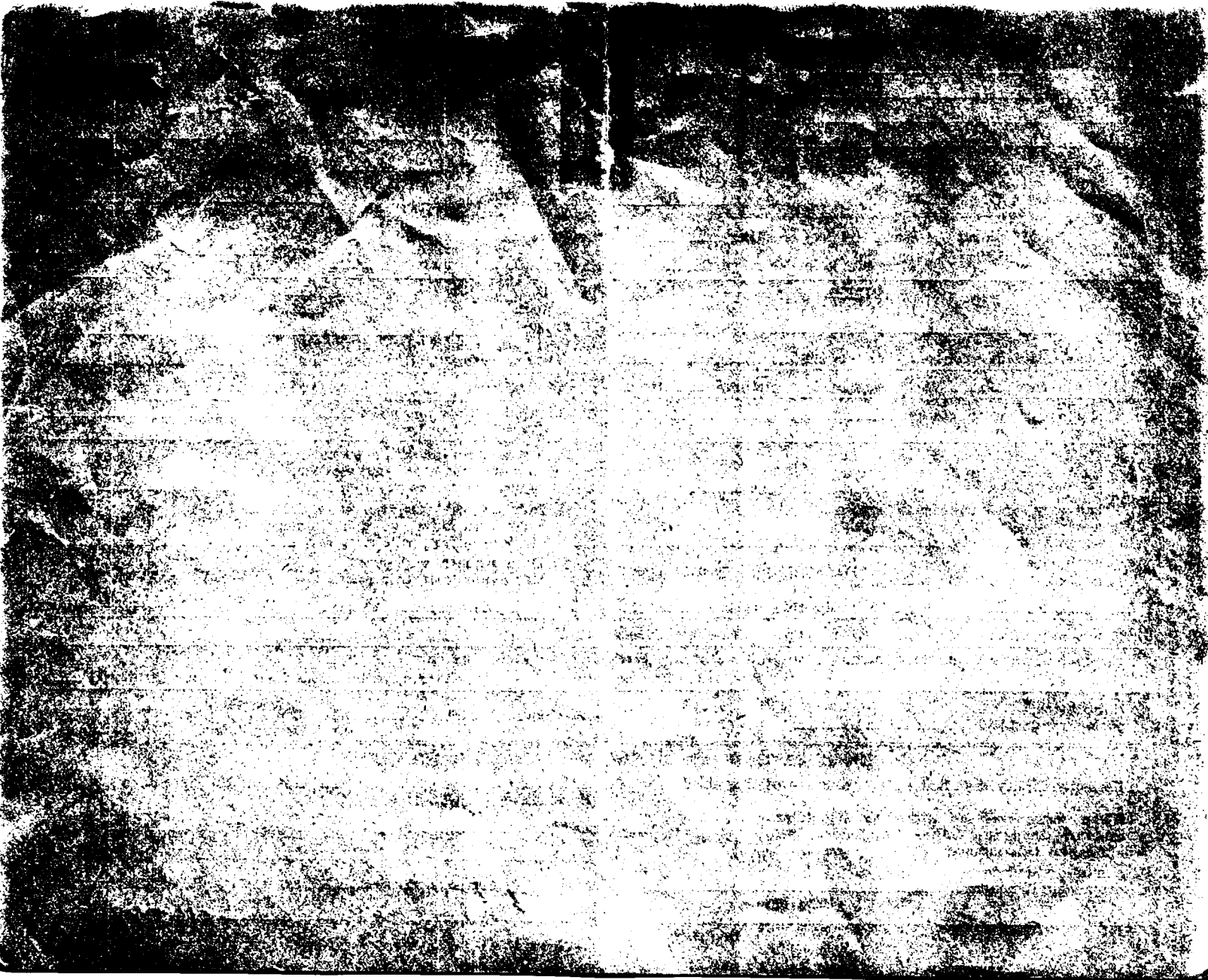
(Signed) O. F. Bell, M. D.

or ____, Midwife

Address Pocatello

Filed Feb 8, 1940 D. Ray
Registrar.

Registrar.



Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 117850

1. PLACE OF DEATH

County of Bannock — Registration Dist. No. 28

City of Pocatello — Primary Reg. Dist. No. 2161.511

Saint Anthony's Hospital (Home, Hospital or Institution) — Local Registrar's No. 1

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 0 | Mos. 0 | Days 0

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Celia Mary Anderson

(a) Residence: North Of Pocatello City (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): January 2, 1940.

7. AGE — Years | Months | Days: Still-Born — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: None (Infant)

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Pocatello, Idaho.

Father

13. NAME: Jared O. Anderson

14. BIRTHPLACE (City or Town, County and State, or Country): Blackfoot, Idaho.

Mother

15. MAIDEN NAME: Sylvia May Yancey

16. BIRTHPLACE (City or Town, County and State, or Country): Chesterfield, Idaho.

17. SIGNATURE OF INFORMANT: J. O. Anderson

(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello, Idaho. Date Jan. 3, 1940

19. UNDERTAKER: Hall Mortuary by C. H. Hall

(Address): Pocatello, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Jan. 3, 1940 (Date) by D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): January 2, 1940.

22. I HEREBY CERTIFY, That I attended deceased from 1/2/1940, to 1/2/1940

I last saw h alive on 1/2/1940 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Still borne.			
Caesarean Section			

Contributory causes of importance not related to principal causes: Child with back kept pointing chest lobby pneumonia onset

Where was disease first diagnosed? Physical Exam

Name of operation Classical date of ____

Condition for which performed Stillborn

What test confirmed diagnosis? Caesarean Sect

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) O. H. Hall M. D.

(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 289878

1. PLACE OF BIRTH
County of Bannock
City of Pocatello, Idaho
No. St. Anthony Hospital
(If born in hospital or institution give name.)

Registration District No. 28 State File No.
Prim. Registration District No. 2161 Local Registrar's No. 28

2. FULL NAME OF CHILD Lynda Joe Rice - Stillborn

3. Sex: Female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature yes Full term
7. Legitimate? yes
8. Date of birth 1 — 10 —, 1940 (Month, Day, Year)

FATHER

9. Full name: Alan Crapo Rice
10. Residence (usual place of abode) 458 S. 7th Pocatello Idaho (If non-resident, give place and State)
11. Color or race W. | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Chases Holm (State or Country) Alberta, Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sargatz Hardware Co. Pocatello, Idaho
16. Date (month and year) last engaged in this work Present, 1940
17. Total time (years) spent in this work 3 yr. 3 mo.

MOTHER

18. Full maiden name: Evelyn White
19. Residence (usual place of abode) 458 S. 7th. (If non-resident, give place and State) Pocatello, Idaho
20. Color or race W. | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) St. Anthony Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Present, 1940
26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Lobe Retsate 1%

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 months (months or weeks)
30. Cause of stillbirth: Before labor Poly hydramnios. During labor

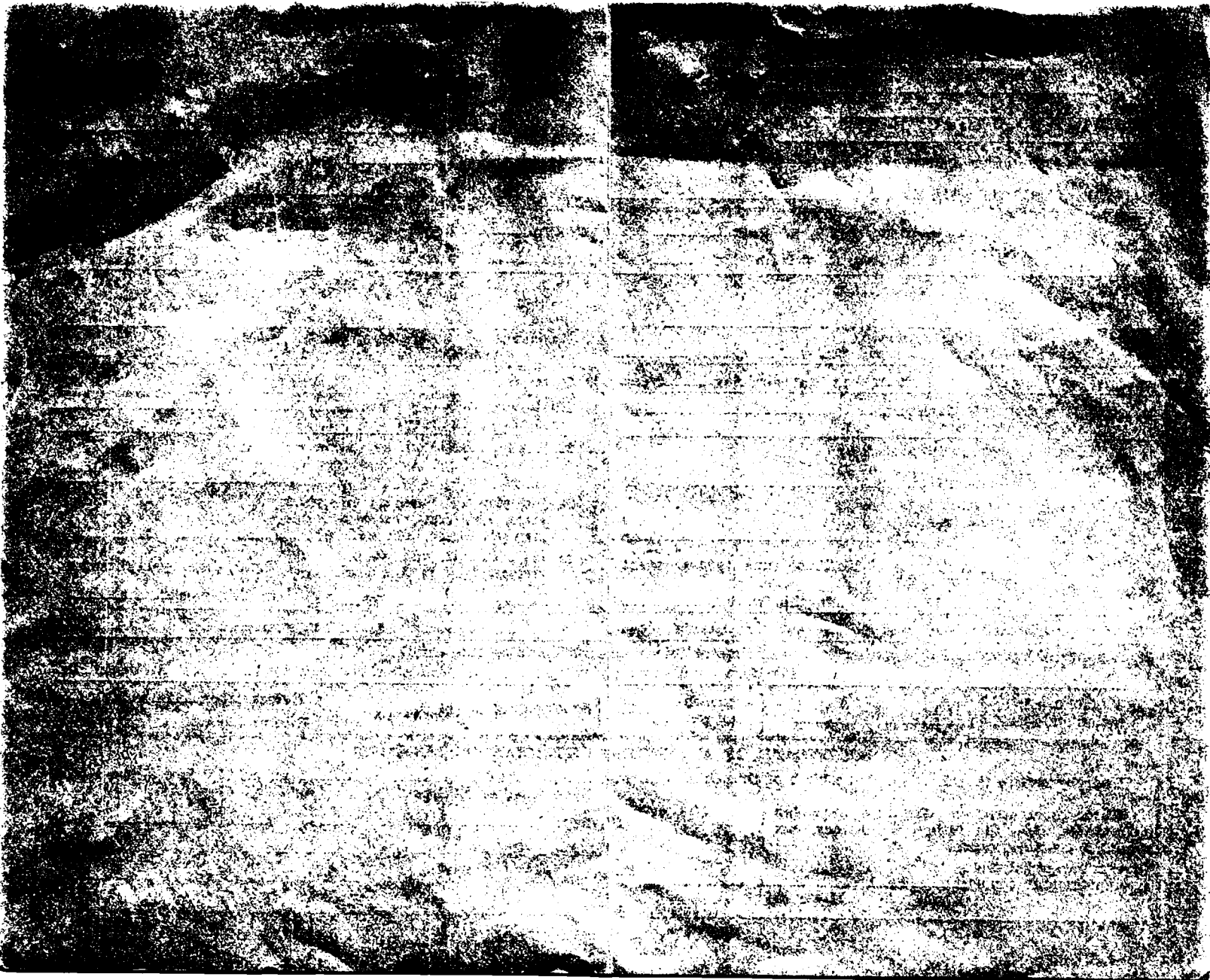
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1 P. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) Alfred L. Rhees, M. D.
or Midwife
Address Pocatello, Idaho
Filed Feb 8, 1940 D. E. Ray Registrar.



117851

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

County of Bannock — Registration Dist. No. 28

City or Pocatello — Primary Reg. Dist. No. 2161-510

St. Anthony Hosp. (Home, Hospital or Institution) — Local Registrar's No. 6

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 0 | Mos. 0 | Days 0

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Lynda Jo Rice

(a) Residence: 488 S. Seventh (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE (FEMALE) | 4. White, Black, Yellow, Red: W | 5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year) Jan 10 1940

7. AGE: Years 0 | Months 0 | Days 0 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year) | 11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country) Pocatello, Idaho

Father

13. NAME Alan Rice

14. BIRTHPLACE (City or Town, County and State, or Country) Claresholm, Alberta, Canada

Mother

15. MAIDEN NAME Evelyne White

16. BIRTHPLACE (City or Town, County and State, or Country) St Anthony Idaho

17. SIGNATURE OF INFORMANT Alan Rice

(Address) 488 S. Seventh

18. BURIAL, CREMATION OR REMOVAL

Place Mountainview Date Jan 11 1940

19. UNDERTAKER Downards Funeral Home

(Address) Byron B Downard, Pocatello

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 1-11 1940 (Date) by D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8-28 1939 to 1-10 1940.

I last saw her alive on Still born Infant Death is said to have occurred on the date stated above, at 1:00 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo	Day
Still born, premature infant.			
Polyhydramnios (Mother)	1939	Dec.	?

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? Pocatello, Idaho.

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? No. Was there an inquest? No.

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(SIGNED) Fred L. Olsen M. D.

(Address) Pocatello, Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 710-28 State File No. 289873
Prim. Registration District No. 2161 Local Registrar's No. 60

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 1341 No Main St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jerry Sexton

3. Sex Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature 8 months Full term ____
7. Legitimate? Yes
8. Date of birth June 15, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Sanford Sexton	18. Full maiden name Wilma Ingram
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello	19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello
11. Color or race wh. | 12. Age at last birthday 32 (years)	20. Color or race w | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Illinois	22. Birthplace (city or place) (State or Country) Boise Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. House painting	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work January, 1940	17. Total time (years) spent in this work 15 yrs
25. Date (month and year) last engaged in this work January, 1940	26. Total time (years) spent in this work 9 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 months (months or weeks)
30. Cause of stillbirth Torsion of Cord (Before labor 6 weeks prior / During labor ____)

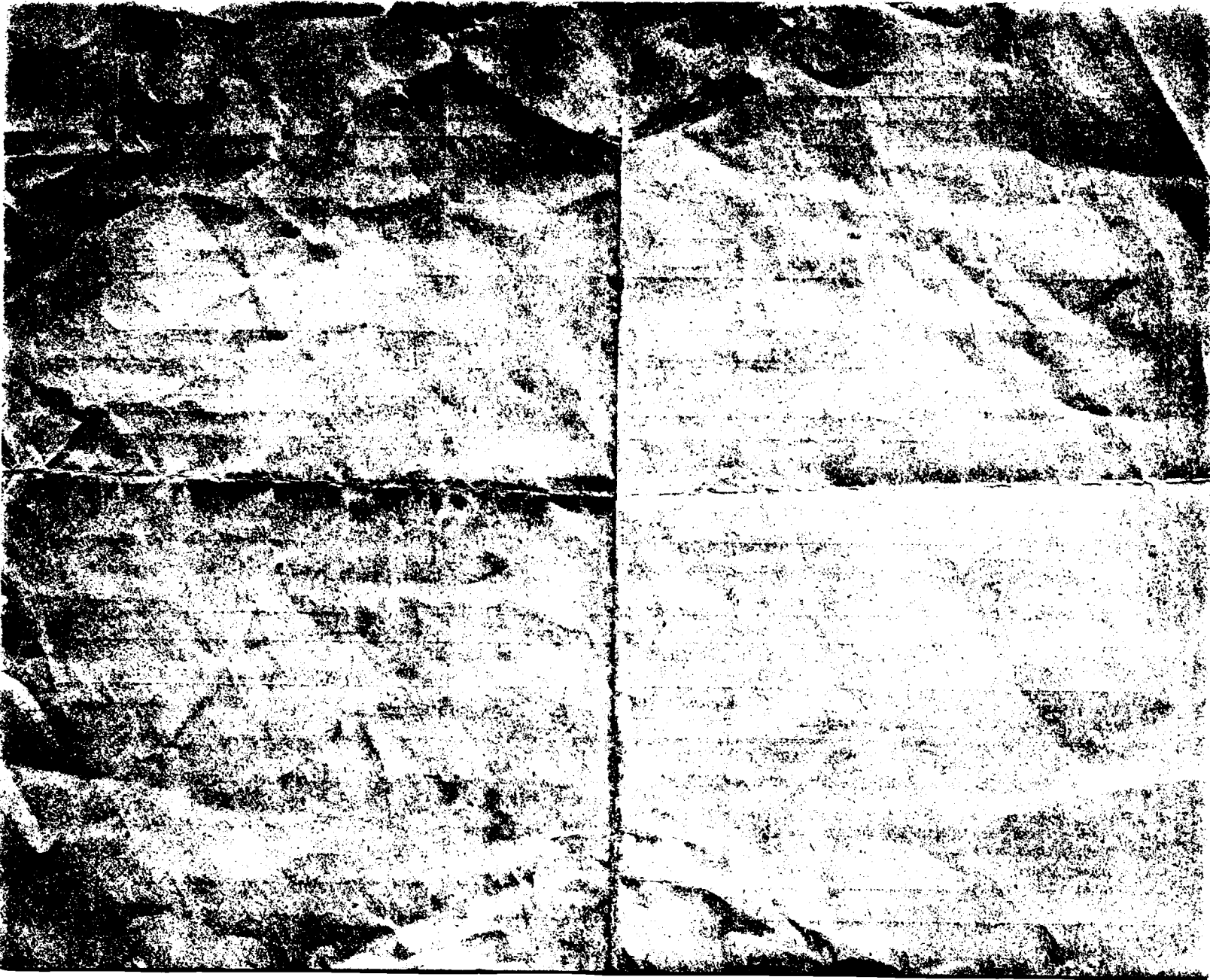
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 11:15 A.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) C. S. Brownell M.D., M. D.
or ____, Midwife
Address Pocatello Idaho
Filed Feb 7, 1940 D C Ray Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.



STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 117852

1. PLACE OF DEATH

County of Bannock — Registration Dist. No. 28

City of Pocatello — Primary Reg. Dist. No. 2161-610

1242 North Main Street (Home, Hospital or Institution) — Local Registrar's No. 21

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 0 | Mos. 0 | Days 0

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Jerry Sexton (Infant)

(a) Residence: 1242 North Main St. Pocatello, Idaho. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): January 25, 1940.

7. AGE — Years: 0 | Months: 0 | Days: 0 | If less than 1 day hrs. Stillborn

Occupation

8. Trade, profession, or particular kind of work done: None

9. Industry or business in which work was done: Infant

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Pocatello, Idaho.

Father

13. NAME: Sanford A. Sexton

14. BIRTHPLACE (City or Town, County and State, or Country): Illinois.

Mother

15. MAIDEN NAME: Wilma Ida Ingram

16. BIRTHPLACE (City or Town, County and State, or Country): Boise, Idaho.

17. SIGNATURE OF INFORMANT: Mrs W. T. Ingram

(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL — Place: Pocatello, Idaho. Date: Jan. 26, 1940

19. UNDERTAKER: Hall Mortuary by C. H. Hall

(Address): Pocatello, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED on Jan. 30, 1940 (Date) by D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): January 25, 1940.

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1940 to Jan 25 1940

I last saw him alive on Stillborn 19___ Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Stillborn Due to	39	Dec	25
Torsion of Umbilical Cord			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19___ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place ___

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) E. S. Barrangon M.D. M. D.

(Address) Pocatello, Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Fort Hall Agency, Fort Hall, Idaho Reg. Dist. 6-20 E on R.

STANDARD CERTIFICATE OF BIRTH

State File No. 289880

Registered No. 21 S

RECEIVED Dist. 601

FEB 10 1940

1. PLACE OF BIRTH:

County Bingham State Idaho

Township ____ or Village Fort Hall

City ____ No. Fort Hall Agency Hospital St., ____ Ward.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Girl FARMER (Stillborn)
{If child is not yet named, make supplemental report, as directed.}

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, day, year)
Female			X	yes	January 18, 1940

FATHER	MOTHER
9. Full name: McCarthy FARMER	18. Full maiden name: Maggie PETERSON
10. Residence (usual place of abode) (If nonresident, give place and State): Fort Hall, Idaho	19. Residence (usual place of abode) (If nonresident, give place and State): Fort Hall, Idaho
11. Color or race: Shoshone Indian 7/8	20. Color or race: Shoshone-Bannock Indian 4/8
12. Age at last birthday: 29 (years)	21. Age at last birthday: 26 (years)
13. Birthplace (city or place and State or country): Fort Hall, Idaho	22. Birthplace (city or place and State or country): Fort Hall, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: Own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc: Own home
16. Date (month and year) last engaged in this work: present, 193	25. Date (month and year) last engaged in this work: present, 193
17. Total time (years) spent in this work: 5	26. Total time (years) spent in this work: 9

27. Number of children of this mother (At time of this birth and including this child) 5 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 2

28. If stillborn, period of gestation 9 months (months / weeks) 29. Cause of stillbirth Syphilis, concenital (Before labor X / During labor ____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born alive or stillborn) at 11:40 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report ____ (Date of)

(Signed) Thomas A. Johnson, M. D.

or ____, Midwife

Address Fort Hall, Idaho

Filed Feb. 5, 1940 Wm. Nelson E. Faine
Registrar.

Registrar.

8—3348

U. S. GOVERNMENT PRINTING OFFICE: 1933 611—7117

UNITED STATES STANDARD CERTIFICATE OF BIRTH

Why births should be registered.—There is hardly a relation of life—social, legal, or economic—in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual, but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways, some of which are listed below:

(1) As evidence to prove the age and legitimacy of heirs;
(2) As proof of age to determine the validity of a contract entered into by an alleged minor;
(3) As evidence to establish age and proof of citizenship and descent in order to vote;
(4) As evidence to establish the right of admission to the professions and to many public offices;
(5) As evidence of legal age to marry;
(6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;
(7) As evidence to determine the liability of parents for the debts of a minor;
(8) As evidence in the administration of estates, the settlement of insurance and pensions;
(9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;
(10) As evidence in the enforcement of law relating to education and to child labor;
(11) As evidence to determine the relations of guardians and wards;
(12) As proof of citizenship in order to obtain a passport;
(13) As evidence in the claim for exemption from or the right to jury and military service.

Statement of occupation.—Make some entry in this section for each parent. For a woman whose only occupation is that of home housework, write *housewife* in answer to Question 23 and *own home* in answer to Question 24. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

14 and 23.—The trade, profession, or particular kind of work done.
15 and 24.—The industry or business in which the work is done.
16 and 25.—The month and year the person last worked at the occupation.
17 and 26.—The number of years the person followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

611—7117

Fort Hall Agency, Fort Hall, Idaho On R.

STANDARD CERTIFICATE OF DEATH

117853

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Reported 688 Rmin 601

1. PLACE OF DEATH:
County Bingham RECEIVED State Idaho Registered No. 17
Township ____ or Village Fort Hall or
City ____ FEB 10 '940 No. Fort Hall Agency Hospital St., ____ Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ days. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ days.

2. FULL NAME Baby Girl FARMER

Residence: No. Fort Hall, Idaho St., ____ Ward. ____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Shoshone-Bannock Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) January 18, 1940

7. AGE	Years	Months	Days	If LESS than 1 day,
	—	—	—	— hrs. or — mins.

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc None

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town and State or country):
Fort Hall, Idaho

FATHER

13. NAME: MaCarthy FARMER

14. BIRTHPLACE (city or town and State or country):
Fort Hall, Idaho

MOTHER

15. MAIDEN NAME: Maggie PETERSON

16. BIRTHPLACE (city or town and State or country):
Fort Hall, Idaho

17. INFORMANT (name and address):
Hospital records, Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL:
Place Fort Hall, Idaho Date Jan. 19, 1940

19. UNDERTAKER (name and address):
Agency Carpenter, Fort Hall, Idaho.

20. FILED Feb. 3, 1940 Mrs Nalen E Falcuse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1940 to January 18, 1940

I last saw her alive not seen alive, 193 ; death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, congenital, stillborn.	Unknown
Cond. signal	

Other contributory causes of importance:

None	—

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Bernard H. Schmitz

(Address) Fort Hall, Idaho.

8—209g

U. S. GOVERNMENT PRINTING OFFICE 1935 c11—3184

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

APR 16 2015

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes** of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 289881

RECEIVED FEB 13 1940

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. 1218 Denver St. (If born in hospital or institution give name.)

Registration District No. 960 State File No. —
Prim. Registration District No. — Local Registrar's No. 2

2. FULL NAME OF CHILD Harold Martin Stillborn

3. Sex: male
If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —
6. Premature — Full term ✓
7. Legitimate? ✓
8. Date of birth Jan. 1, 1940 (Month, Day, Year)

FATHER

9. Full name Harold Ronald Martin
10. Residence (usual place of abode) (If non-resident, give place and State) ~~Bassett, Nebr.~~ Caldwell, Idaho
11. Color or race W | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Bassett, Nebr.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ——, 19——
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Elsie Effie Flagg
19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Idaho 1218 Denver St.
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Pinsby Canada

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ——, 19——
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ~~no~~

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 months ~~or weeks~~
30. Cause of Stillbirth prolapse of cord asphyxiation
Before labor —
During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 4:15 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

(Signed) Dr. C. R. Whittenberger D.O., M. D.
or ——, Midwife
Address Caldwell, Idaho
Filed 1-16-40, 193 — Registrar.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

RECE[illegible]

FEB [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 360

Primary Registration District No. ..... Local Registrar's No. 1

(No. 1218 Denver Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 117854

2. FULL NAME Daniel Martin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
January 1, 1940

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER

13. NAME Harold Donald Martin

14. BIRTHPLACE (city or town) Bassett
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Elsie Effie Flagg

16. BIRTHPLACE (city or town) Rimby
(State or country) Canada

17. INFORMANT Harold D. Martin
(Address) 1218 Denver Street Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pleasant Ridge Date 1-2 ....., 1940

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho

20. FILED 1-4-40, 193.. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1940, to Jan. 1, 1940.

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxiation of baby.	
Prolapse of umbilical	
Cord before birth	Jan 1, 1940

Other **contributory causes** of importance:

Podalic presentation or footling with breech delivery

Name of operation None Date of.....

What test confirmed diagnosis? Guess was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Dr. C. R. Whittenberger M.D.
(Address) Caldwell Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	*July* 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May* 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 *week ago*
Run over by street car	1 *week ago*
Peritonitis	3 *days ago*
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 *year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Caribou
City of Soda Springs, No. ____ St.
Caribou County Hospital
(If born in hospital or institution give name.)

RECEIVED daho FEB 14 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 289882

Registration District No. 520 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 10

2. FULL NAME OF CHILD ____

3. Sex Fe. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature* Full term ____ | 7. Legitimate? yes | 8. Date of birth 1/12/40, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Alvin Lindstrom	18. Full maiden name: Lilly Nelson
10. Residence (usual place of abode) (If non-resident, give place and State): ~~Gray, Idaho~~	19. Residence (usual place of abode) (If non-resident, give place and State): Gray, Idaho
11. Color or race: W | 12. Age at last birthday: 63 (years)	20. Color or race: W | 21. Age at last birthday: 46 (years)
13. Birthplace (city or place) (State or Country): Stockholm, Sweden	22. Birthplace (city or place) (State or Country): Cattonwood, Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmr 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____ 16. Date (month and year) last engaged in this work: ____, 19____ 17. Total time (years) spent in this work: ____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____ 25. Date (month and year) last engaged in this work: ____, 19____ 26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 2

29. If stillborn, period of gestation About 6.5 Months { months or weeks

30. Cause of Stillbirth Don't know { Before labor Yes / During labor ____

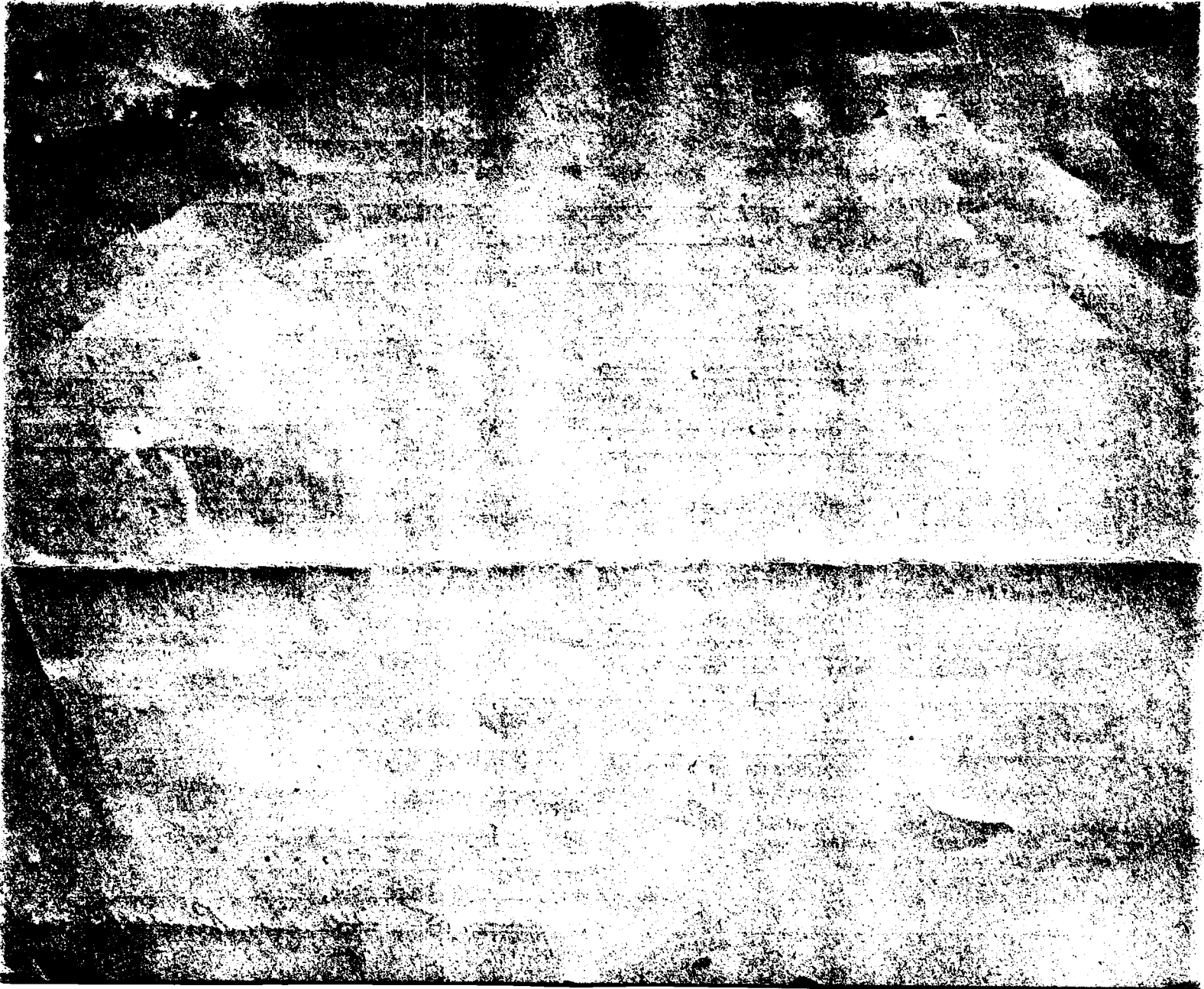
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 3:55 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kackley, M. D.
or ____, Midwife
Address Soda Springs, Idaho
Filed Jan. 15, 1940 Dr. Russell Tigert Registrar.

Give name added from a supplemental report ____
(Date of)
____ Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs

Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 520

Primary Registration District No. ____ Local Registrar's No. 1

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 117855

2. FULL NAME Baby Lindstrom

(a) Residence No. Gray, Idaho. St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female Girl

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Still Born

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/13/40

7. AGE — Years: 0 | Months: • | Days: • | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Soda Springs
(State or country) Idaho

FATHER

13. NAME ALBIN LINDSTROM

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Mary Nelson

16. BIRTHPLACE (city or town) Cottonwood
(State or country) Utah

17. INFORMANT Albin Lindstrom
(Address) Gray, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Soda Springs Idaho Date 1/15/40 193

19. UNDERTAKER E. S. Peterson
(Address) Soda Springs, Idaho.

20. FILED 1/15/40 193 Dr. Russell Tingey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from - 193, to 1-12-40 193

I last saw h- alive on - 193: death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Still Born	
Other **contributory causes** of importance:	
None that I know of	
-	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ____

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Ellis Kackley M. D.

(Address Soda Springs, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Caribou

City of Soda Springs, Idaho

No. ____ St. ____

Caribou County Hospital (If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S — A

289883

FEB 14 19[illegible]

Registration District No. 570

State File No. ____

Prim. Registration District No. ____ Local Registrar's No. 14

2. FULL NAME OF CHILD Unnamed Cluff

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M			no	yes	1-14-40

FATHER		MOTHER	
9. Full name	Clarence Baum Cluff	18. Full maiden name	Ada Horton
10. Residence (usual place of abode) (If non-resident, give place and State)	Conda, Ida	19. Residence (usual place of abode) (If non-resident, give place and State)	Conda, Idaho
11. Color or race	W	20. Color or race	W
12. Age at last birthday (years)	38	21. Age at last birthday (years)	34
13. Birthplace (city or place) (State or Country)	Provo, Utah	22. Birthplace (city or place) (State or Country)	Astoria Illinois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Miner	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Phosphate Miner	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	housewife
16. Date (month and year) last engaged in this work	Jan, 1940	25. Date (month and year) last engaged in this work	Jan, 1940
17. Total time (years) spent in this work	?	26. Total time (years) spent in this work	Quite some ?

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn 2

29. If stillborn, period of gestation 8 1/2 months or ~~weeks~~

30. Cause of Stillbirth Ruptured Umbilical Cord (Before labor) Yes (During labor) ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 12.30 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Russell Tigert, M. D.

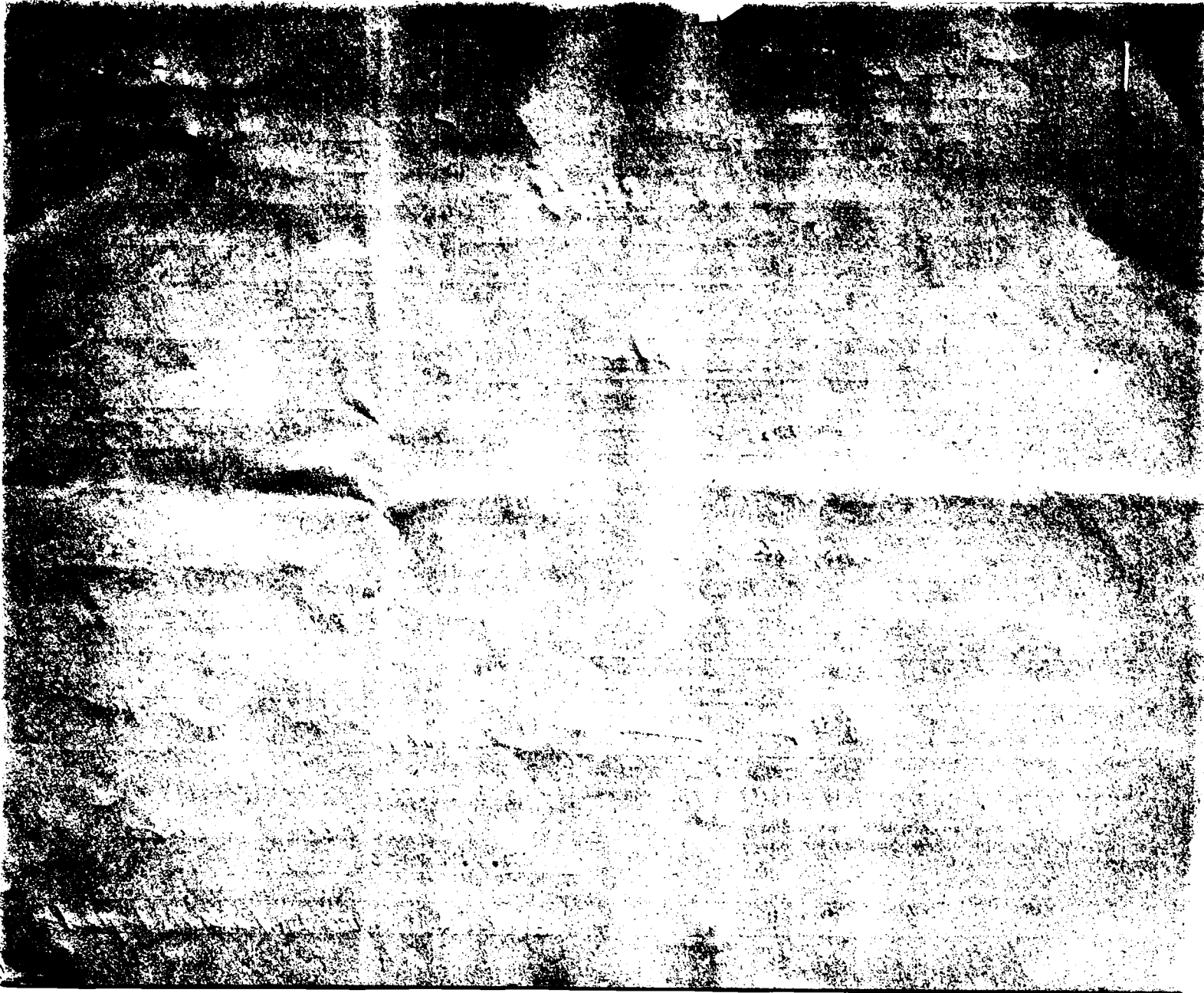
or Dr. R. Tigert, Midwife

Address Soda Springs, Idaho

Filed Feb. 4, 1940 Dr. Russell Tigert

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 117856

Registration District No. 520

Primary Registration District No. ..... Local Registrar's No. 2

(No. Caribou County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Cluff

(a) Residence No. Conda, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Still born

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1/14/40

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Soda Springs
(State or country) Idaho.

FATHER

13. NAME Clarence B. Cluff

14. BIRTHPLACE (city or town) Provo
(State or country) Utah

MOTHER

15. MAIDEN NAME Ada Herton

16. BIRTHPLACE (city or town) Asteria
(State or country) Ill.

17. INFORMANT Clarence B. Cluff
(Address) Conda, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Soda Springs, Idaho Date 1/15/40 193...

19. UNDERTAKER E. S. Whiteman
(Address) Soda Springs, Idaho.

20. FILED 1/15/40 193... By Russell Liguet
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-14 1940

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Jan 14, 1940

I last saw h~~im alive~~ on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Stillborn	1-14-40
Prematurity of Cord (Umbilical)	

Other **contributory causes** of importance:

Name of operation Int. Delivery Date of 1-14-40

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Russell Liguet, M. D.

(Address Soda Springs, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 10 1940

CERTIFICATE OF BIRTH

289884

Registration District No. 471 State File No. —

Prim. Registration District No. — Local Registrar's No. 9

1. PLACE OF BIRTH

County of Cassia

City of Burley

No. — St.

Cottage Hosp.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Sedra Layne Morrison

3. Sex Female

If plural births { 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature Full term

7. Legitimate? Yes

8. Date of birth 1-9 1940 (Month, Day, Year)

FATHER

9. Full name Charles Morrison

10. Residence (usual place of abode) (If non-resident, give place and State) Paul, Ida

11. Color or race W | **12. Age at last birthday** 44 (years)

13. Birthplace (city or place) (State or Country) West Weber, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sugar Factory

16. Date (month and year) last engaged in this work — 19—

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Gemma Warner Morrison

19. Residence (usual place of abode) (If non-resident, give place and State) Paul, Ida

20. Color or race W | **21. Age at last birthday** 35 (years)

22. Birthplace (city or place) (State or Country) Boyle, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work — 19—

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Nit. Silver

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 7 mo. { months or weeks

30. Cause of Stillbirth — { During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report —

(Date of)

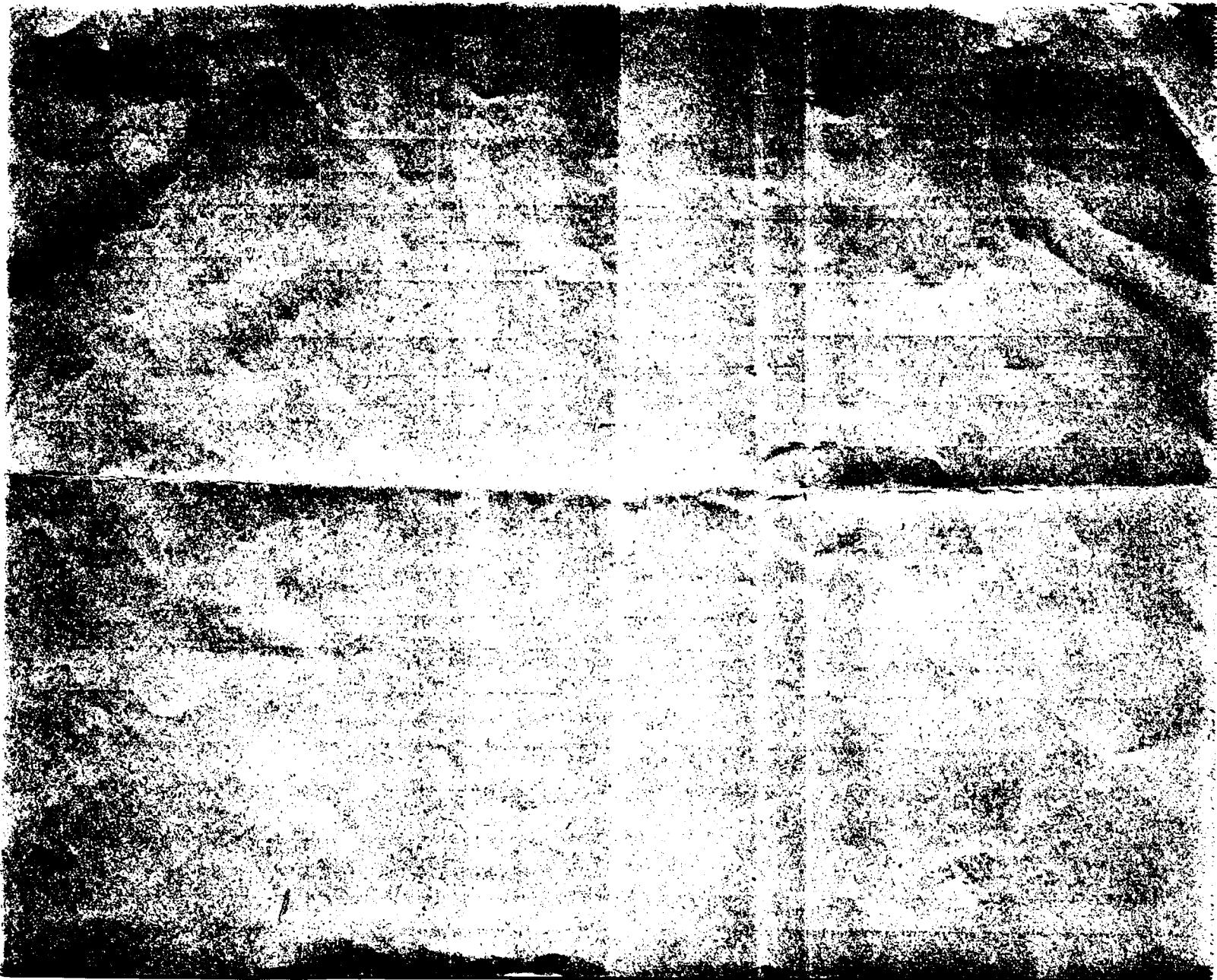
Registrar.

(Signed) H. E. Dean, M. D.

or —, Midwife

Address Burley Ida.

Filed Jan 29, 1940 Laura G. Spracher Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 117857
Local Reg. No. 7
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. So. St.
   (d) Death Occurred Inside? — Outside? ... city or town
   (e) Died in a Home ... Hospital ... Institution, ... Other place ...
   (f) Name Hosp. or Inst. Cottage Hosp. Stayed ... days
   (g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Utah (b) County —
   (c) City or town —
   (d) Street Address or R. F. D. No. —
   (e) Deceased lived Inside? — Outside? — city or town
   (f) If foreign born, in U. S. ... yrs. Citizen of U. S.? —
   (g) How long had deceased lived in Idaho? — years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Sidra Layne Morrison

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) Jan. 9, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Stillborn			hrs min.

9. Exact Occupation — Did this work for ... yrs.

10. Industry or Business — Date last worked —

11. Birthplace Burley (City or town) Idaho (State or foreign country)

Father
12. Name Charles Morrison
13. Birthplace (City or town) Utah (State or foreign country)

Mother
14. Maiden name Persis Warner
15. Birthplace Coyota (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Chas Morrison and Address Hagerman Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 1940 (Month) (Day) (Year)
(c) Place: Hagerman Cemetery

18. Funeral Director's **OWN** Signature Vern B. McCulloch and Address Burley Idaho

19. (a) Feb 5 1940 (Date received and filed) (b) Laura D. Sprecher (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 9 1940
at about Jan 1 o'clock M. 1740

21. I **HEREBY CERTIFY**, That I attended deceased from ... 19 ..., to Jan 9 1940
I last saw h~~er~~ ~~alive~~ on Jan 9 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Where was disease first contracted? — PHYSICIAN

Name of operation ... Date ... — Underline the cause to which death should be charged statistically.

Major finding —

Finding of autopsy —

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Hugh E Dean M. D (M. D. or other)
and Address Burley Ida Date Jan 8 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body ~~embalmed~~ under direction of *Thomas B. McCulloch* Lic. No. *260* at — on *1-9-40*
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Hammett Ida.
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
FEB 6 1940
CERTIFICATE OF BIRTH S 289886
Registration District No. 382 State File No. ____
Prime Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Baby Thueson (no name)

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 8, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Constant Oral Thueson	18. Full maiden name Laura Louise Grover
10. Residence (usual place of abode) (If non-resident, give place and State) Hammett Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Hammett Idaho
11. Color or race White	12. Age at last birthday 41 (years)
20. Color or race White	21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Monroe Utah	22. Birthplace (city or place) (State or Country) Blackfoot Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O.S.L.R.R.Co	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
16. Date (month and year) last engaged in this work Jan 8, 1940	17. Total time (years) spent in this work 20 yrs
25. Date (month and year) last engaged in this work Jan 7, 1940	26. Total time (years) spent in this work 13 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 11 (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead ____ (c) Stillborn 2

29. If stillborn, period of gestation Full term { months or weeks

30. Cause of Stillbirth { Before labor ____ During labor unknown

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~born~~ Stillborn at 4 P m. on the date above stated.
(Born Alive or Stillborn)

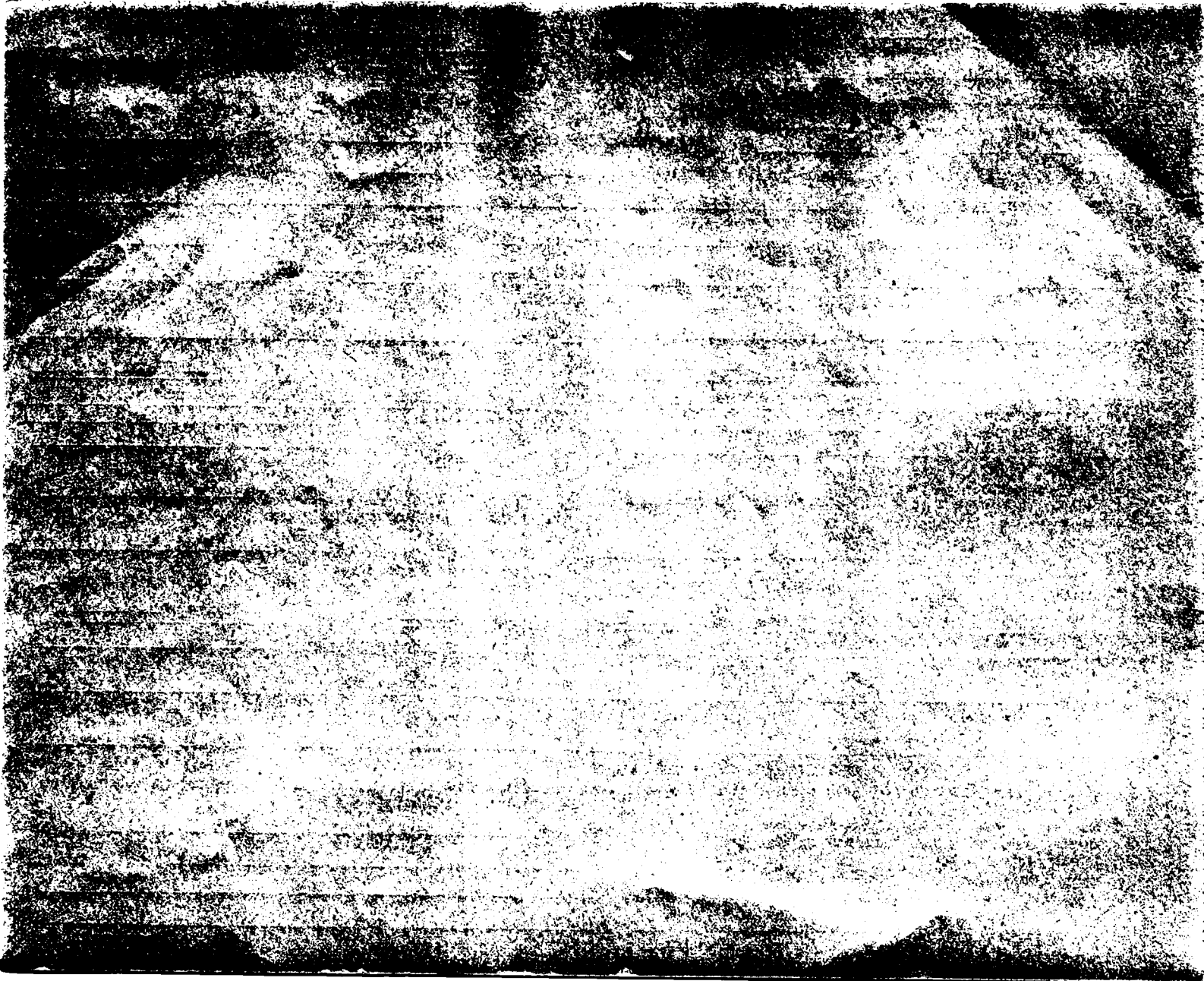
(Signed) John M. W. Davies, M. D.
or ____, Midwife
Address Glenns Ferry Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

Filed June 20, 1940 Mary Sullivan
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11785
Local Reg. No.
Reg. Dist. No. 382

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Hammett Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Thueson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan 8- 1940
8. **AGE** Years Months Days If less than 1 day hrs min. Stillborn
9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hammett (City or town) Idaho (State or foreign country)

Father
12. Name Constant O Thueson
13. Birthplace Monroe (City or town) Utah (State or foreign country)

Mother
14. Maiden name Laura L Grover
15. Birthplace Blackfoot (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature X Constant O. Thueson
and Address Hammett Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 1940 (Month) (Day) (Year)
(c) Place: Glenns Ferry Idaho
18. Funeral Director's **OWN** Signature X Constant O. Thueson
and Address
19. (a) Jan 9-1940 (Date received and filed) (b) Mary Sullivan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 8 1940
at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from Dec 1 1939, to Jan 8 1940
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature separation of placenta — Duration 2 hours
Due to Uterine hemorrhage
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding Normal
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. W. Davis M.D. (M. D. or other)
and Address Glenns Ferry Date 2/12 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12-1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH.
County of Franklin
City of Preston Idaho
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289887 S

Registration District No. 540 State File No. ____
Prim. Registration District No. 2119 Local Registrar's No. 10

2. FULL NAME OF CHILD Baby Boy Martin

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
M.	4. Twin, triplet, or other One 5. Number, in order of birth ____	Full term ✓	✓	Jan. 24, 1940 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	Daniel Anthon Martin	18. Full maiden name	Vera Bennett
10. Residence (usual place of abode) (If non-resident, give place and State)	Preston Ida	19. Residence (usual place of abode) (If non-resident, give place and State)	Preston, Ida.
11. Color or race W.	12. Age at last birthday 34 (years)	20. Color or race W.	21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country)	Swan Lake, Ida.	22. Birthplace (city or place) (State or Country)	Minden, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Yard Foreman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Lumber Yard	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Own home
16. Date (month and year) last engaged in this work	at present 1940	25. Date (month and year) last engaged in this work	at present 1940
17. Total time (years) spent in this work	all life	26. Total time (years) spent in this work	all life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Nine Months (months or weeks)
30. Cause of Stillbirth ____ Before labor unreported During labor None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 7.45 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) H B Darnell, M. D.
or ____, Midwife
Address Preston Idaho

Filed Jan 24, 1940 G.W. Stales
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
117860
State File No.

Registration District No. 540

Primary Registration District No. 2119 Local Registrar's No. 6

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Boy Martin

(a) Residence. No. Preston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year)
January 24 - 1940

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston, Ida.

FATHER

13. NAME Daniel Arthur Martin

14. BIRTHPLACE (city or town) (State or country) Swan Lake Idaho

MOTHER

15. MAIDEN NAME Vera Bennett

16. BIRTHPLACE (city or town) (State or country) Minidoka, Ida.

17. INFORMANT (Address) D. A. Martin Preston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date 1-24 1940

19. UNDERTAKER (Address) D. A. Martin Preston Idaho

20. FILED Jan 24, 1940 C. M. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-24 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1940, to Jan 24, 1940
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 7:45 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Macerated Stillborn	1-24-40
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. B. Dance, M. D.
(Address) Preston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	*Attack of epilepsy*	1 *week ago*
Chronic interstitial nephritis	1921	*Run over by street car*	1 *week ago*
Cerebral hemorrhage	*July* 5, 1927	*Peritonitis*	3 *days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May* 1, 1923	*Gastroenteritis*	1 *year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 289888

1. PLACE OF BIRTH
County of Franklin
City of Preston Idaho
No. ____ St. ____
General Memorial Hospital
(If born in hospital or institution give name.)

Registration District No. 540 State File No. ____
Prim. Registration District No. 219 Local Registrar's No. 19

2. FULL NAME OF CHILD Newbold

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ✓
7. Legitimate? ✓
8. Date of birth Jan. 26 1940 (Month, Day, Year)

FATHER

9. Full name Leo Morris Newbold
10. Residence (usual place of abode) (If non-resident, give place and State) Riverdale Ida
11. Color or race white | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Riverdale Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Margaret Murza Smith
19. Residence (usual place of abode) (If non-resident, give place and State) Riverdale Ida
20. Color or race white | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Eureka, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9½ months (months or weeks)
30. Cause of Stillbirth ____ (During labor ____ Before labor ____)

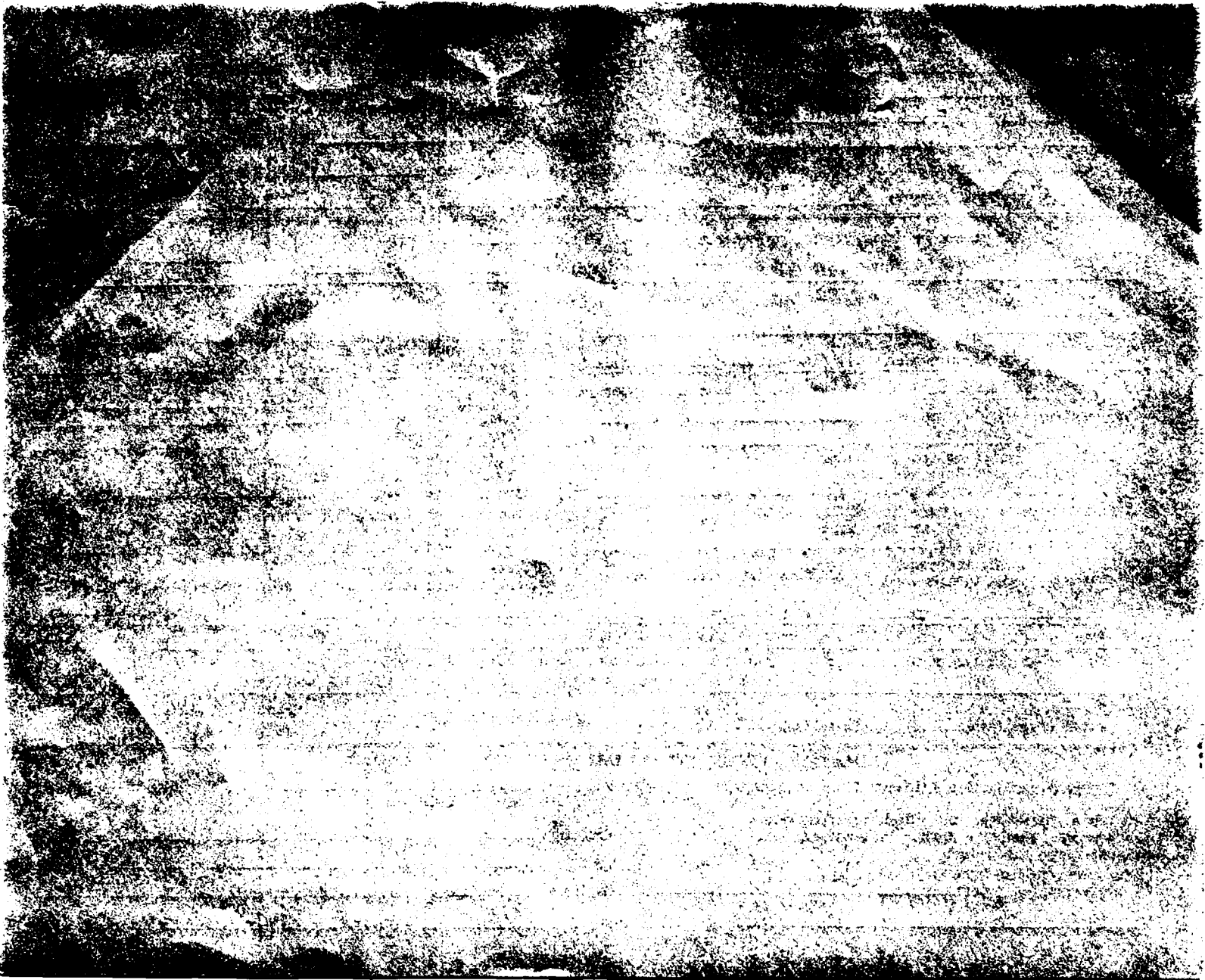
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) O. R. Cutler, M. D.
or ____, Midwife
Address Preston Idaho
Filed Feb 1, 1940 G. W. Stokes Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11861
Local Reg. No. 7
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? / Outside? city or town
   (e) Died in a Home Hospital / Institution Other place
   (f) Name Hosp. or Inst. Preston Memorial Stayed days
   (g) Lived in this county years months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Boy Newbold Stillborn

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, ~~widowed, married~~, divorced ~~Single~~
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	Stillborn			0 hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Preston (City or town) Idaho (State or foreign country)

Father
12. Name Reo Newbold
13. Birthplace Riverdale (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Margaret Smith
15. Birthplace Eurika (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Reo Newbold and Address Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29 40 (Month) (Day) (Year)
    (c) Place: Whitney Idaho
18. Funeral Director's **OWN** Signature M. W. Hindmarsh and Address Preston Idaho
19. (a) 2-9-1940 (Date received and filed) (b) G. W. Stales (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-25 1940 at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-25 1940 to 1-28 1940
    I last saw her alive on 1-25 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
8½ months gestation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury

23. Attendant's **OWN** Signature O. R. Cutler M.D. (M. D. or other)
    and Address Preston Idaho Date 1-29 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH. a

County of Gem

City of Emmett, Idaho

No. ____ St.

Mary Jane Hosp

(If born in hospital or institution give name.)

RECEIVED FEB 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 289890

Registration District No. 340 State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Edna Opal Van Hoven

3. Sex F | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth 1 } | 6. Premature ____ Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Jan. 4, 1940 (Month, Day, Year)

FATHER

9. Full name Carl Leo Van Hoven

10. Residence (usual place of abode) (If non-resident, give place and State) Cascade, Idaho

11. Color or race W | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Roosevelt, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine Worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19__ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Nellie Viola Moore

19. Residence (usual place of abode) (If non-resident, give place and State) Cascade

20. Color or race W | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Meridian, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19__ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation ____ { months or weeks } | 30. Cause of Stillbirth ____ { During labor ____ Before labor Unknown }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Jan. 4 1940 at 6 33 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

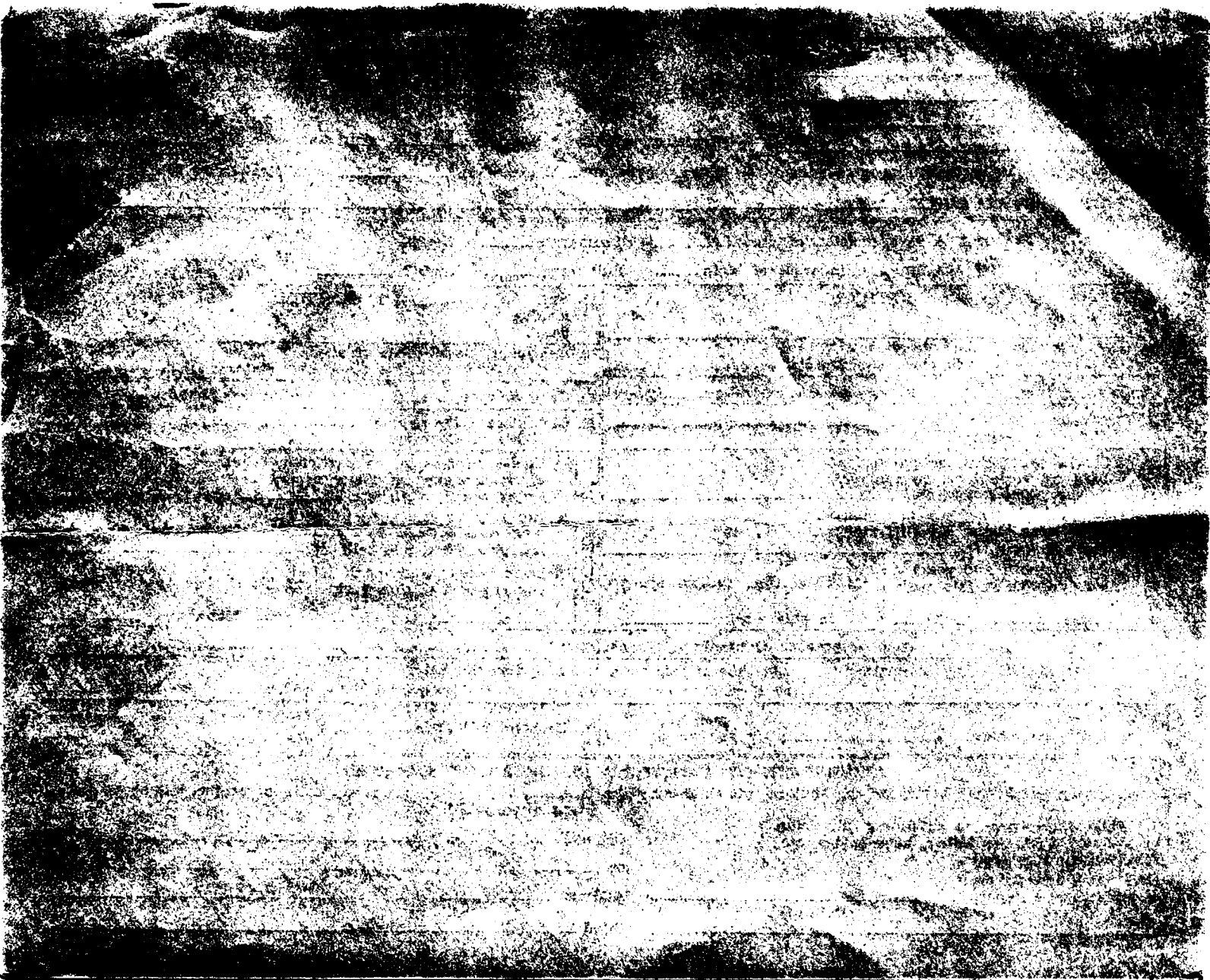
(Signed) H. H. Hawkins, M. D.

or ____, Midwife

Address Emmett, Idaho

Filed 2/6, 1940 J. L. Reynolds
Registrar.

____
Registrar.



STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 117863

1. PLACE OF DEATH

County of Gem — Registration Dist. No. 340

City of Emmett — Primary Reg. Dist. No.

Mary Secor Hospital — Local Registrar's No.
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Edna Opal VanHoover

(a) Residence: Cascade, Idaho
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: F

4. White, Black, Yellow, Red: W

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth (Month, day and year) January 4, 1940

7. AGE — Years | Months | Days | If less than 1 day: Still-Birth — hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Infant

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Emmett, Idaho

Father

13. NAME Carl Leo VanHoover

14. BIRTHPLACE (City or Town, County and State, or Country): Roseberry, Idaho

Mother

15. MAIDEN NAME Zell Viola Moore

16. BIRTHPLACE (City or Town, County and State, or Country): Meridian, Idaho

17. SIGNATURE OF INFORMANT Carl L. VanHoover

(Address) Cascade, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Star, Idaho — Date Jan 5 1940

19. UNDERTAKER C. T. Gardner

(Address) Emmett, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 1/5 (Date) 1940 by J. H. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Stillborn 19____, to ____ 19____

I last saw h____ alive on ____ 19____ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Death before labour			
Cause unknown.			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) H. H. Lawhorn M. D.

(Address) Emmett

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Ririe R#2
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
FEB 10 1940

S 289892

Registration District No. 641 State File No. ____
Prim. Registration District No. 2176 Local Registrar's No. 4

2. FULL NAME OF CHILD ____

3. Sex Mall
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1
6. Premature no Full term yes
7. Legitimate? yes
8. Date of birth 2-3, 1940 (Month, Day, Year)

FATHER
9. Full name Lawford A. Summers
10. Residence (usual place of abode) (If non-resident, give place and State) Ririe
11. Color or race White 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) England
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work Feb, 1940
17. Total time (years) spent in this work Life

MOTHER
18. Full maiden name Rachel Weaver
19. Residence (usual place of abode) (If non-resident, give place and State) Ririe
20. Color or race White 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or Country) Lincoln Wyo
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Feb, 1940
26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months or weeks
30. Cause of Stillbirth ? Before labor yes During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born (Born Alive or Stillborn) at 10:30 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Sutherland, M. D.
or ____ Midwife
Address Rexburg Idaho

Give name added from a supplemental report ____
(Date of)

Filed FEB 7 1940 193 M. A. B. Eckersell
Registrar.

Registrar.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 117865
Local Reg. No. 3
Reg. Dist. No. 6474

RECEIVED FEB 10 1940

1. **PLACE OF DEATH:**
   (a) County Jefferson
   (b) City or town Rigby
   (c) ~~Street Address~~ or R. F. D. No. 2
   (d) Death Occurred Inside? ..... Outside? X ..... city or town
   (e) Died in a Home X ..... Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months 1 ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City or town Rigby
   (d) ~~Street Address~~ or R. F. D. No. 2
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) If foreign born, in U. S. X yrs. Citizen of U. S.? .....
   (g) How long had deceased lived in Idaho? 1D. years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Summers.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 3, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs 0 min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Rigby (City or town) Idaho (State or foreign country)

Father
12. Name Lawford J. Summers
13. Birthplace ..... England. (City or town) (State or foreign country)

Mother
14. Maiden name Rachel Weaver
15. Birthplace Lincoln, (City or town) Wyo. (State or foreign country)

16. Informant's **OWN** Signature Lawford J. Summers
and Address Rigby, Idaho. R. #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/40 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature A B Eckersell
and Address Rigby, Idaho.
19. (a) 2/4/40 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 3 1940
at 10:30 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from 2-3 1940, to 2-3 1940.
I last saw him alive on ..... 19..., death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Still-born	
Cause unknown	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature M. Sutherland (M. D. or other)
and Address Rexburg, Idaho Date 2/4 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Not Embalmed Lic. No. at on
ADDITIONAL REMARKS

WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child born at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Gooby Mat. Home

(If born in hospital or institution give name.)

RECEIVED

FEB 19 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

Registration District No. 64 State File No. 289893

Prim. Registration District No. 2176 Local Registrar's No. 12

2. FULL NAME OF CHILD

3. Sex F

If plural births { 4. Twin, triplet, or other No
5. Number, in order of birth

6. Premature
Full term ✓

7. Legitimate? ✓

8. Date of birth Feb. 5, 1940 (Month, Day, Year)

FATHER

9. Full name Clarence Le Roche

10. Residence (usual place of abode) (If non-resident, give place and State) Annis, Ida.

11. Color or race W | 12. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or Country) Annis, Ida

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work none, 19

17. Total time (years) spent in this work life

MOTHER

18. Full maiden name Twila Ellis

19. Residence (usual place of abode) (If non-resident, give place and State) Annis Ida.

20. Color or race W | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Annis Ida.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work now, 19

26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 { months or weeks 40

30. Cause of Stillbirth Dystocia { During labor
Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 5 20 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) J. Hawkins Cudlip, M. D.

or ____, Midwife

Address Rigby Idaho

Filed Feb 7, 1940 Mrs. A B Eckersell

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 17866
Local Reg. No.
Reg. Dist. No. 640

RECEIVED
FEB 10 1940

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. Goody Mat. Stayed 1 days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida. (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? — Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby De Roche

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Stillborn
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 5, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Stillborn			hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Rigby, Idaho. (City or town) (State or foreign country)

Father
12. Name Clarence DeRoche
13. Birthplace Annis, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Twila Ellis
15. Birthplace Annis, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature John E Ellis and Address Lorenzo, Idaho. Route 1
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1940 (Month) (Day) (Year)
(c) Place: Annis, Idaho.
18. Funeral Director's **OWN** Signature A B Eckersell and Address Rigby, Ida.
19. (a) Feb. 7, 1940 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 5 1940
at 4:15 o'clock P M.

21. I **HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw her alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to	
Dystocia at Labor	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J K Cully md (M. D. or other)
and Address Rigby, Ida. Date 2/6/40 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of A B Eckerell Lic. No E-236 at Rigby on 2-5-40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
FEB 14 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 283864

Registration District No. 440 State File No.

Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH
County of Jerome
City of "
No. L St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Unnamed Lange

3. Sex F | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth 1/26, 1940 (Month, Day, Year)

FATHER

9. Full name Leslie George Lange
10. Residence (usual place of abode) (If non-resident, give place and State) Jerome
11. Color or race W | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Juniata, Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. All types
16. Date (month and year) last engaged in this work 10/14, 1940
17. Total time (years) spent in this work 10 yrs

MOTHER

18. Full maiden name Marie Louise Potratz
19. Residence (usual place of abode) (If non-resident, give place and State) Jerome
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Kenesaw Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work 1/23, 1940
26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 months ~~or weeks~~

30. Cause of stillbirth Toxemia of mother | Before labor ✓ During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 6 05 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

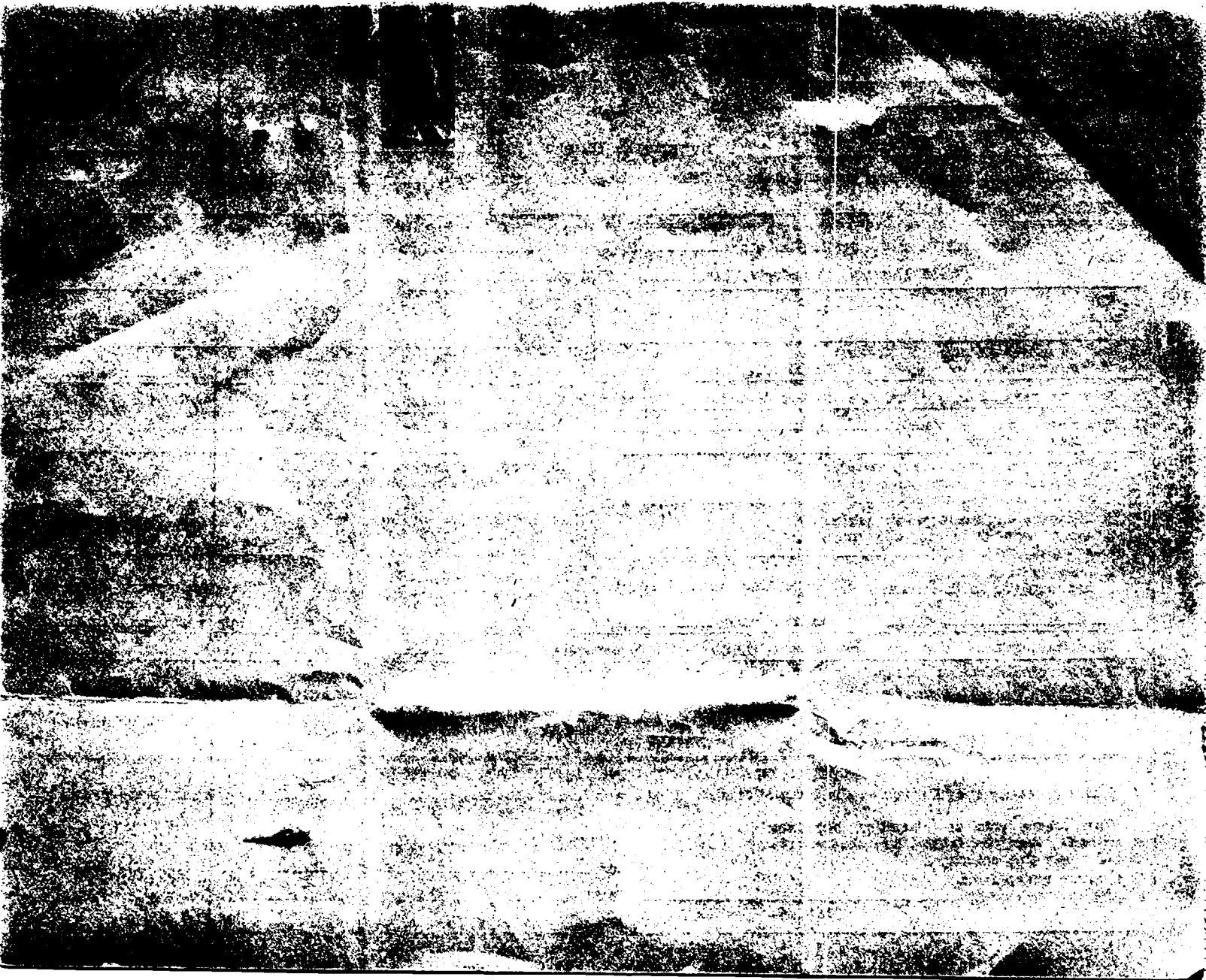
(Signed) Carlyle Reid, M. D.

or , Midwife

Address Jerome Idaho

Filed 1/30, 1940 C. F. Zelle
Registrar.

Registrar.



M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

RECEIVED

FEB 14 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 117867

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1. FULL NAME Infant Tangl

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Jan 26-40

7. AGE — Years: ✓ Months: ✓ Days: ✓ If LESS than 1 ~~day~~ ~~hrs.~~ or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jerome Idaho

FATHER

13. NAME: Leslie Tangl

14. BIRTHPLACE (city or town) (State or country): Nebraska

MOTHER

15. MAIDEN NAME: Marie Potratz

16. BIRTHPLACE (city or town) (State or country): Nebraska

17. INFORMANT (Address): Leslie Tangl Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Jerome Cem Date: Jan 27, 1940

19. UNDERTAKER (Address): J. P. Wilson Jerome Idaho

20. FILED: 1/28, 1940 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Stillborn 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1940, to ....., 193....
I ~~last saw~~ did not see her alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Stillborn	? 1/24/40
(Toxemia)	
Other **contributory causes** of importance: Severe influenza in the mother	1/24/40

Name of operation None Date of.....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carlyle Hurst, M. D.

(Address) Jerome, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	*Attack of epilepsy*	1 *week ago*
Chronic interstitial nephritis	1921	*Run over by street car*	1 *week ago*
Cerebral hemorrhage	*July* 5, 1927	*Peritonitis*	3 *days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May* 1, 1923	*Gastroenteritis*	1 *year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 289896

FEB 13 '940

Registration District No. 631 State File No.

Prim. Registration District No. 2178 Local Registrar's No. 35

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. 51 E main St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elphea Gundersen

3. Sex Fe. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth 1/17, 1940 (Month, Day, Year)

FATHER

9. Full name Mark Cleave Gundersen
10. Residence (usual place of abode) (If non-resident, give place and State) Thornton, Ida
11. Color or race W. | 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Thurston Madison Co, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Helen Bales
19. Residence (usual place of abode) (If non-resident, give place and State) Thornton
20. Color or race W. | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) ~~Bingham~~ Dale Regan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead [redacted] (c) Stillborn yes

29. If stillborn, period of gestation Seven mo. (months or weeks) | 30. Cause of Stillbirth (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 6:30 P.M. the date above stated.
(Born Alive or Stillborn)

(Signed) W. Terry Ko. M. D.
or ..... Midwife
Address 51 E. Main Rexburg, Ida.

Filed 2-9, 1940 Mrs H Heyborne Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

MARGIN RESERVED FOR BINDING

...E, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information ...refully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in ...in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Thornton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 117869

Registration District No. 631

Primary Registration District No. 2178 Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Anderson

(a) Residence No. Thornton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-12-40

7. AGE — Years: No | Months: 00 | Days: 00 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thornton
(State or country) Idaho.

FATHER

13. NAME Mark Anderson

14. BIRTHPLACE (city or town) Thornton
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Helen Bales

16. BIRTHPLACE (city or town) Vale
(State or country) Oregon

17. INFORMANT Mark Anderson
(Address) Thornton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Annis Date 1-18, 1940

19. UNDERTAKER A. E. Bakwell
(Address) Rigby, Idaho.

20. FILED 1-18, 1940 Mrs. H. Symms
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/17/40

22 I HEREBY CERTIFY, That I attended deceased from 1/17/40, to 1/17/40

I last saw h... alive on 1/17/40, death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	1/17/40

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. H. Terry M.D.

(Address) Rigby Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 13 1940

CERTIFICATE OF BIRTH S 289897

Registration District No. 630 State File No.
Prim. Registration District 2178 Local Registrar's No. 47

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. Sutherland Hospital St. 8 College Ave
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dianne Harris

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? yes | 8. Date of birth Feb. 6, 1940 (Month, Day, Year)

FATHER

9. Full name Don C. Harris
10. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony, Idaho
11. Color or race W | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Rexburg Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Implement Co.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Manager
16. Date (month and year) last engaged in this work now, 19
17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Mary Elizabeth Virgin
19. Residence (usual place of abode) (If non-resident, give place and State) St Anthony Ida
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Idaho Falls Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work now, 19
26. Total time (years) spent in this work 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% mercurochrome

28. Number of children of this mother One (At time of this birth and including this child)
(a) Born alive and now living ✓ (b) Born alive but now dead — (c) Stillborn /

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:30 p. m. on the date above stated.
(Born Alive or Stillborn)

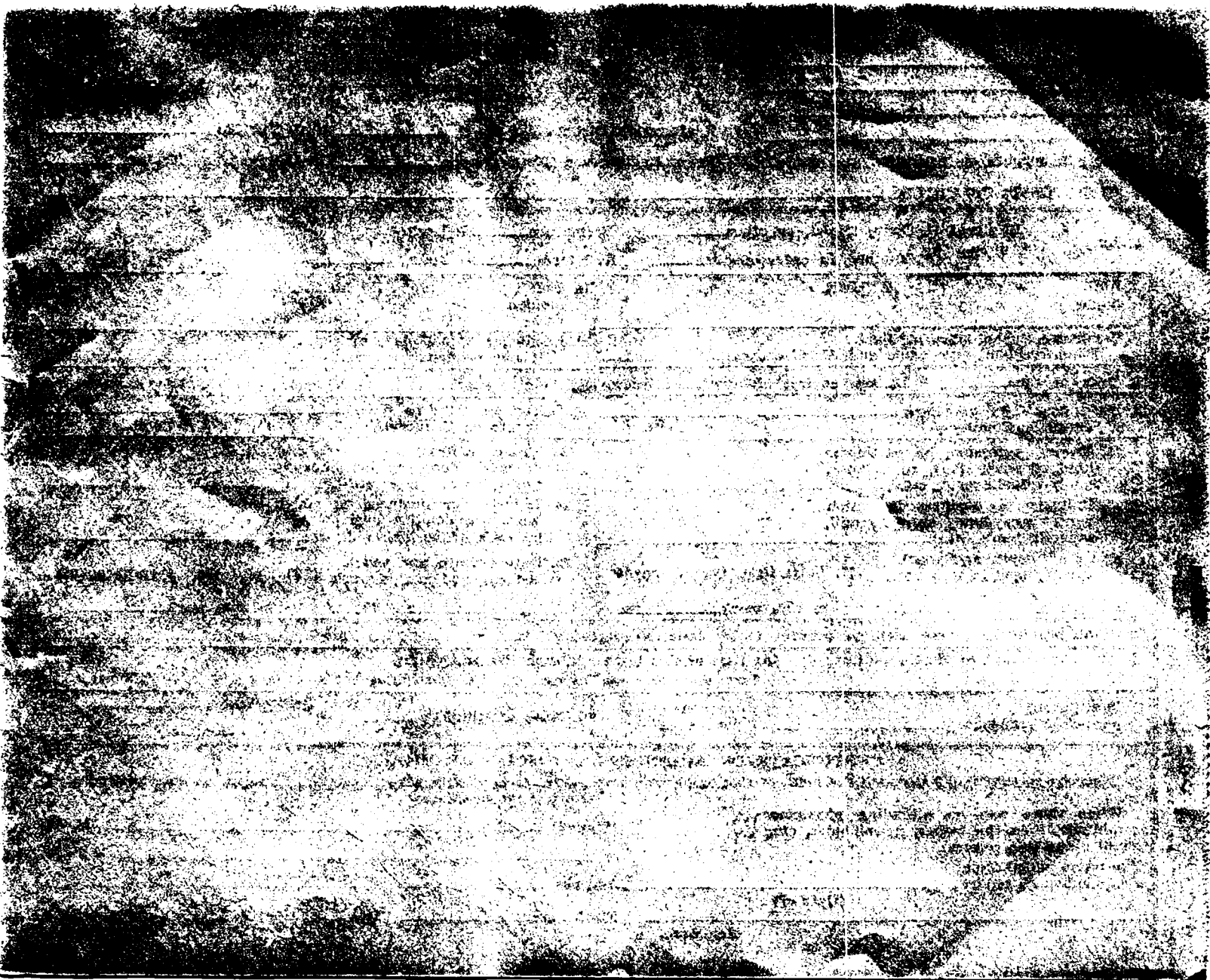
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) W. J. Rigby, M. D.
or ____, Midwife
Address Rexburg

Filed 2-10, 1940 Mrs H E Young
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 117870
Local Reg. No. 5
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Sutherland Stayed days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** [redacted] Harris, Diana

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female race W
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 6/1940

8. **AGE**

Years	Months	Days	If less than 1 day
			hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Rexburg, Idaho. (City or town) (State or foreign country)

Father
12. Name Don C. Harris
13. Birthplace Rexburg Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Mary E. Virgin
15. Birthplace Coltman Ida. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Don C. Harris and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/40 (Month) (Day) (Year)
(c) Place Sugar City Cemetery
18. Funeral Director's **OWN** Signature Russell F. Lamm and Address Rexburg, Idaho
19. (a) 2-7-40 (Date received and filed) (b) Mrs. Heyrman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 6 1940 at 9:30 o'clock A. M.

21. I **HEREBY CERTIFY,** That I attended deceased from Feb. 6 1940 to Feb. 6 1940
I last saw her alive on Feb. 6 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn — Duration
Due to Birth
Due to
Other conditions — (Include pregnancy within 3 months of death)
Where was disease first contracted? —
Name of operation Cesarean Section
Major finding Live delivery
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature M. L. Rigby MD (M. D. or other)
and Address Rexburg Date Feb. 7 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 289898

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. County General St. Hospital (If born in hospital or institution give name.)
Registration District No. 37 State File No.
Prim. Registration District No. 461 Local Registrar's No. 54

2. FULL NAME OF CHILD June Carolyn Deiss Stillborn

3. Sex: Female
If plural births: 4. Twin, triplet, or other: —; 5. Number, in order of birth: —
6. Premature: — Full term: Yes
7. Legitimate? yes
8. Date of birth: 1-21, 1940 (Month, Day, Year)

FATHER

9. Full name: Joseph Thomas Deiss
10. Residence (usual place of abode): 1033 Warm Springs (If non-resident, give place and State): Boise, Idaho
11. Color or race: W
12. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Durant Oklahoma

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Registrar
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Dept Public Assistance
16. Date (month and year) last engaged in this work: Present, 1940
17. Total time (years) spent in this work: 2 yrs

MOTHER

18. Full maiden name: Helen Louise Vasbury
19. Residence (usual place of abode): 1033 Warm Springs (If non-resident, give place and State): Boise, Idaho
20. Color or race: W
21. Age at last birthday: 27 (years)
22. Birthplace (city or place) (State or Country): Thayer Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: Present, 1940
26. Total time (years) spent in this work: 2½ yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: 2 (c) Stillborn: 1
29. If stillborn, period of gestation: months or weeks
30. Cause of Stillbirth: During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

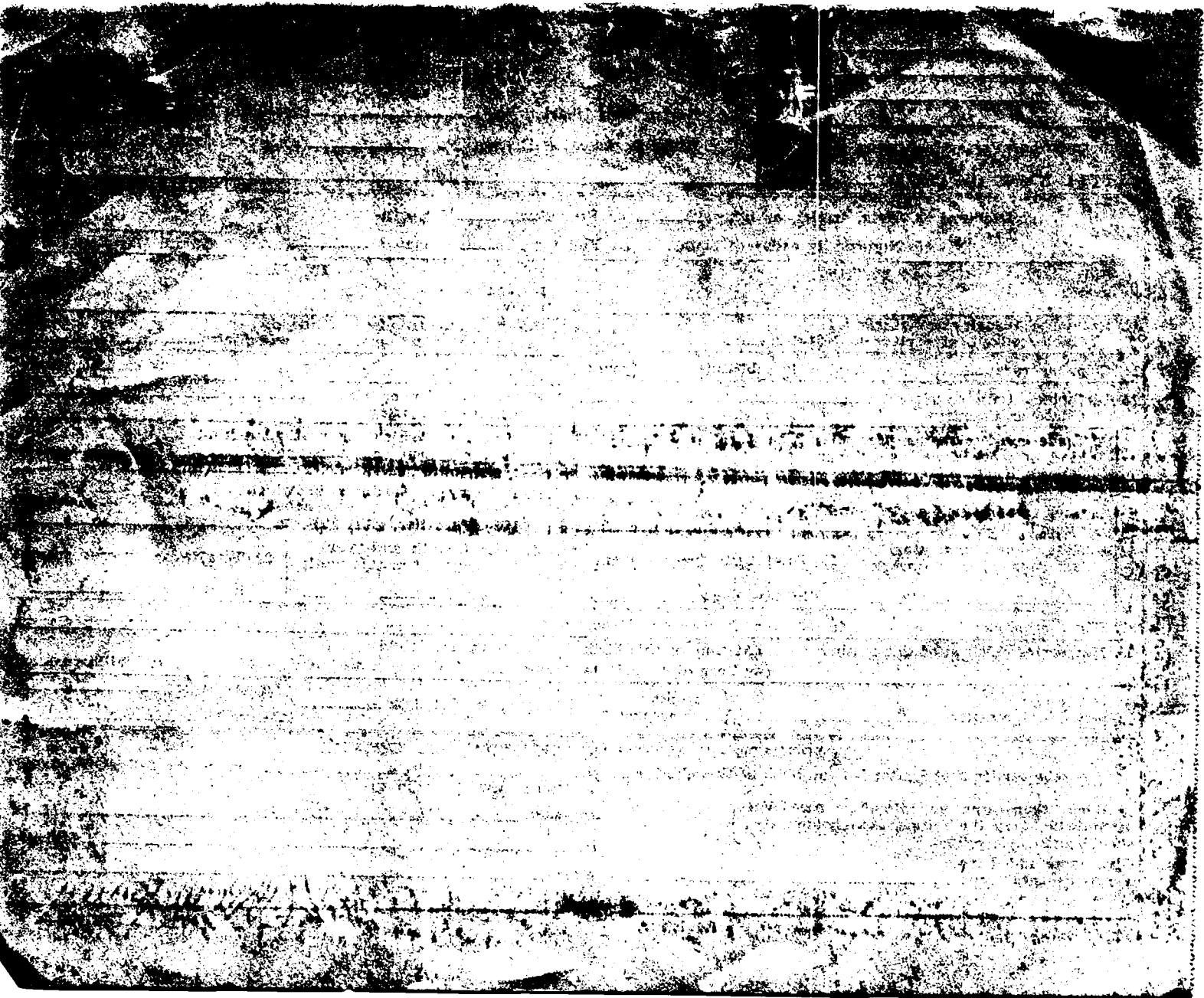
I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 7 40 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) John P Laughlin, M. D.
or , Midwife
Address Twin Falls, Ida
Filed Feb. 16, 1940

Registrar.



STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 11787

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37

City of Twin Falls — Primary Reg. Dist. No. 461

Twin Falls Co Gen Hospital — Local Registrar's No. 18

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Sue Caroline Diess

(a) Residence: 1033 Warm Springs Ave - Boise, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of: -----

6. Date of Birth (Month, day and year): January 21, 1940

7. AGE — Years: 0 | Months: 0 | Days: 0 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Infant

9. Industry or business in which work was done: --

10. Date deceased last worked at this occupation (month and year): --

11. Total time (yrs.) spent in this occupation: --

12. BIRTHPLACE (City or Town, County and State, or Country): Twin Falls, Idaho

Father

13. NAME: Joe Diess

14. BIRTHPLACE (City or Town, County and State, or Country): Durant - Indian Territory Oklahoma ?

Mother

15. MAIDEN NAME: ~~Helen~~ Helen Vosborg

16. BIRTHPLACE (City or Town, County and State, or Country): Idaho

17. SIGNATURE OF INFORMANT: Joe Diess Sr

(Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL

Place: Twin Falls Cemetary Date: 1-22 1940

19. UNDERTAKER: S. C. Phillips

(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Jan 27 (Date) 193 by ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): January 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-21 1940 to 1-21 1940

I last saw h____ alive on ____ 19____ Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

Atelectasis - Congenital Pneumonia

Premature delivery

Contributory causes of importance not related to principal causes

Date of Onset	Yr.	Mo.	Day

Where was disease first diagnosed? ____

Name of operation: Cesarean delivery Date of 1-21-40

Condition for which performed: Eclampsia ? ? ? ?

What test confirmed diagnosis? ____

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry—home—public place.

Manner of injury: Hospital delivery

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) John M. Hawley M. D.

(Address) Twin Falls Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

434-226-001-643

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 15 1940

CERTIFICATE OF BIRTH

Registration District No. 370 State File No. 290973

Prim. Registration District No. _____ Local Registrar's No. 100

1. PLACE OF BIRTH
County of Ada
City of Boise Idaho
No. _____ St.
St Alphonsus Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Joanne Mc Donough.

3. Sex F | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 } | 6. Premature _____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth 1-26, 1940 (Month, Day, Year)

FATHER

9. Full name Cyril A Mc Donough.
10. Residence (usual place of abode) (If non-resident, give place and State) Montour Idaho
11. Color or race W | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Iowa
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Before, 1940 | 17. Total time (years) spent in this work ?

MOTHER

18. Full maiden name Jamie Anna Fuller
19. Residence (usual place of abode) (If non-resident, give place and State) Montour Idaho
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Emmett Idaho
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Before, 1940 | 26. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation Full Term _____ months or weeks | 30. Cause of Stillbirth Relaxed Cord During labor _____ Before labor _____

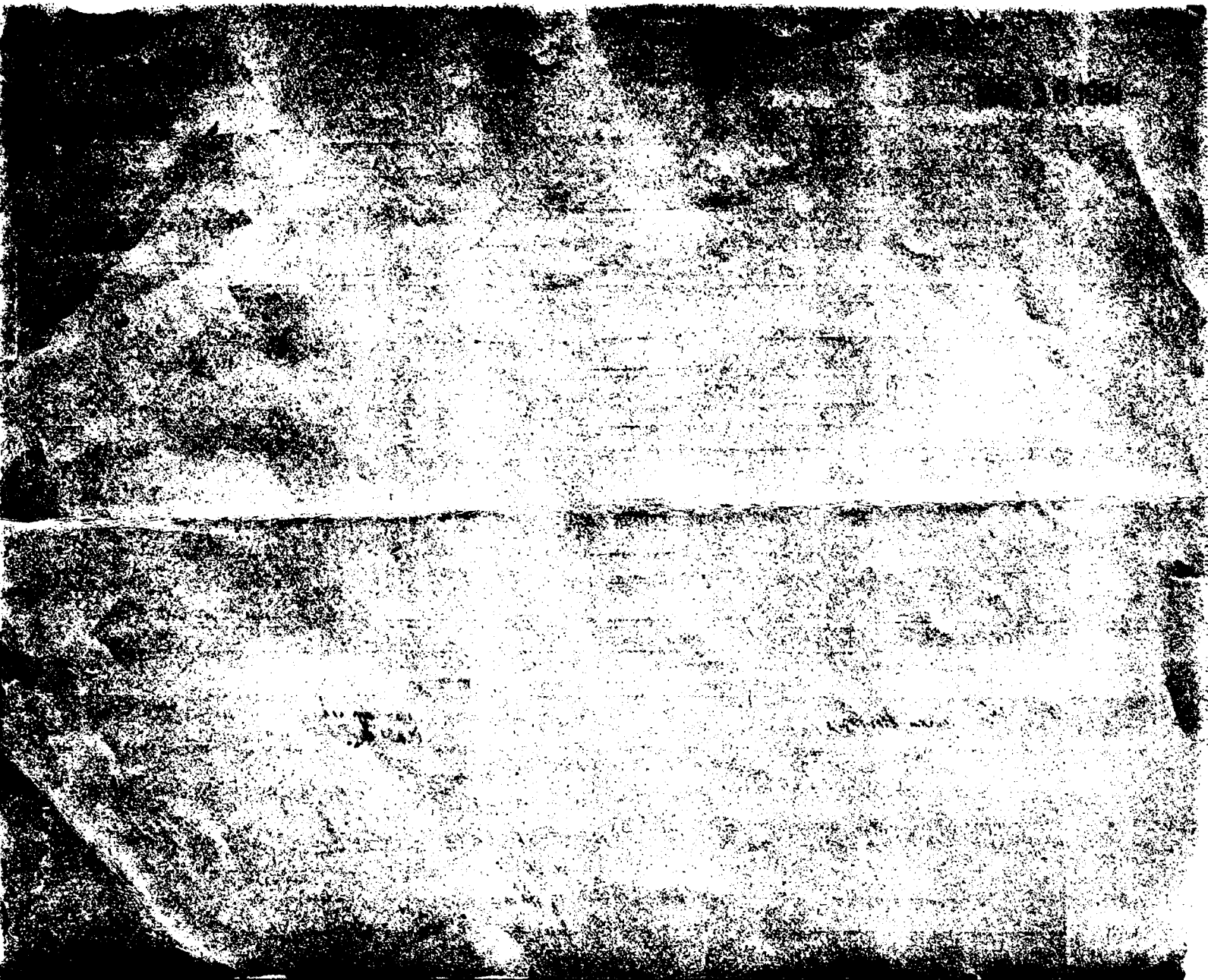
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12 M. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)
_____ Registrar.

(Signed) Bruce A Budge, M. D.
or _____, Midwife
Address _____
Filed 2-12, 1940 R. Sharp Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11824
Local Reg. No.
Reg. Dist. No. 379

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home Hospital, Institution Other place
(f) Name Hosp. or Inst. St Alphonsus Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Joeann McDonough
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 26th. 1940
8. **AGE** — Years 0 | Months 0 | Days 0 | If less than 1 day hrs 0 min.
9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Cyril McDonough
13. Birthplace Oeline (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Jamie Ann Fuller
15. Birthplace Pinehurst (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Loyal McDonough and Address Montour Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/1940 (Month) (Day) (Year)
(c) Place: St. John's
18. Funeral Director's **OWN** Signature Schroeder McCann Milford Burgess and Address Boise
19. (a) 1-31-40 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-26 1940 at 7:32 o'clock P. M.

21. I **HEREBY CERTIFY,** That I attended deceased from 1-26 1940 to 1-26 1940
I last saw h. alive on 1-26 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia neonatorum — Duration 20"
Due to Prolapse of Cord — 2°
Due to Placenta Marginalis — 9 Mo.
Other conditions. Breech position (Include pregnancy within 3 months of death)
with prolapse foot
Where was disease first contracted? Hodges
Name of operation none Date
Major finding —
Finding of autopsy none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Bruce A. Budge (M. D. or other)
and Address Boise Date 1-29 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink & BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAR 2 6 1981

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 290974

1. PLACE OF BIRTH
County of Bannock
City of Pocatello, Idaho.
No. ____ St.
St. Anthonys Hospital
(If born in hospital or institution give name.)

Registration District No. 28 State File No. ____
Prim. Registration District No. 511 2161 Local Registrar's No. 17

2. FULL NAME OF CHILD Stillborn Foster

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature yes Full term no
7. Legitimate? yes
8. Date of birth 1- 6- 1940 (Month, Day, Year)

FATHER

9. Full name: Newland J Foster
10. Residence (usual place of abode) 104 Wilson (If non-resident, give place and State) Pocatello, Idaho
11. Color or race W
12. Age at last birthday 39 (years)
13. Birthplace (city or place) Salt Lake City (State or Country) Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carman for
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.P.R.R. Pocatello, Idaho
16. Date (month and year) last engaged in this work Present, 1940
17. Total time (years) spent in this work 18 yr.

MOTHER

18. Full maiden name: Emma Wolverton
19. Residence (usual place of abode) 104 Wilson (If non-resident, give place and State) Pocatello, Idaho
20. Color or race W
21. Age at last birthday 31 (years)
22. Birthplace (city or place) Albion, Idaho. (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Present, 1940
26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ~~Silver Nitrate 1 %~~ Stillbirth N.S.H.
28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 6 mo. (months or weeks)
30. Cause of stillbirth: Before labor Marked Renal ~~During labor~~ Fatty Liver Melrose

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 12:20 P.M. m. on the date above stated.

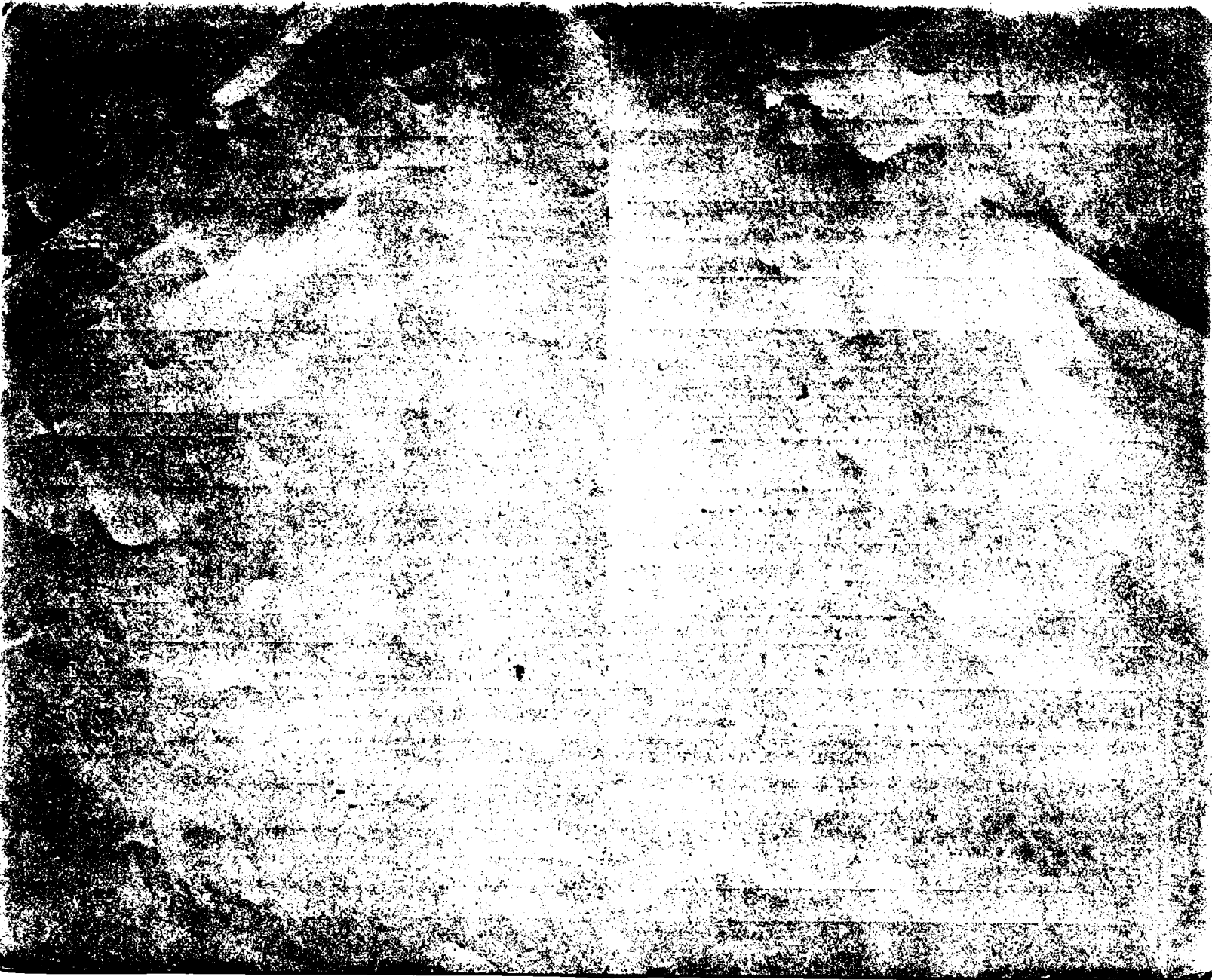
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William F. Howard, M. D.
or ____, Midwife
Address Pocatello, Idaho

Give name added from a supplemental report ____ (Date of)

Filed Jan 23, 1940 D. C. Kay Registrar.

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11824
Local Reg. No. 26
Reg. Dist. No. 511

1940

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** STILLBORN FOSTER

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 6, 1940

8. AGE	Years	Months	Days	If less than 1 day
	stillborn			hrs min.

9. Exact Occupation ------ Did this work for yrs.
10. Industry or Business ------ Date last worked
11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)

Father
12. Name Newland J. Foster
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Emma Wolverton
15. Birthplace Albion, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof Jan 6, 1940 (Month) (Day) (Year)
    (c) Place: Pocatello, Idaho
18. Funeral Director's **OWN** Signature Not taken to mortuary and Address
19. (a) Feb 14, 1940 (Date received and filed) (b) [redacted] Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 6 1940
    at 5:00 o'clock P.M. or 2 wks prior
21. I **HEREBY CERTIFY**, That I attended deceased from Prenatal to Jan 6 1940
    I last saw him alive Macerated 1/, 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Still born Macerated
Fœtus
Due to Dead Fœtus 2 wks
Due to Some or Prides House
Other conditions Cleaning & Exertion
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury

23. Attendant's **OWN** Signature W. E. Howard (M. D. or other)
    and Address Pocatello Idaho Date 2/4 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12-45* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 290975

RECEIVED
MAR 12 1940

1. PLACE OF BIRTH
County of Bannock
City of Pocatello,
No. St. Anthony's Merdy St. Hospital
(If born in hospital or institution give name.)

Registration District No. 510 State File No.
Prim. Registration District No. Local Registrar's No. 75

2. FULL NAME OF CHILD Mary Jane Burnett

3. Sex: female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature X Full term
7. Legitimate? yes
8. Date of birth Jan 27, 1940 (Month, Day, Year)

FATHER

9. Full name: Charles J. Burnett
10. Residence (usual place of abode) (If non-resident, give place and State): 540 No. 6th
11. Color or race: W | 12. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Boise, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Employee
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: U.P.R.R.
16. Date (month and year) last engaged in this work: present, 19
17. Total time (years) spent in this work: 3yrs.

MOTHER

18. Full maiden name: Mary Helen Wilson
19. Residence (usual place of abode) (If non-resident, give place and State): same
20. Color or race: W | 21. Age at last birthday: 19 (years)
22. Birthplace (city or place) (State or Country): Pocatello, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: present, 19
26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? -------

28. Number of children of this mother: Two
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 8 months (months or weeks)
30. Cause of stillbirth ? Before labor pulmonary During labor atelectasis

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 2:08 PM m. on the date above stated.

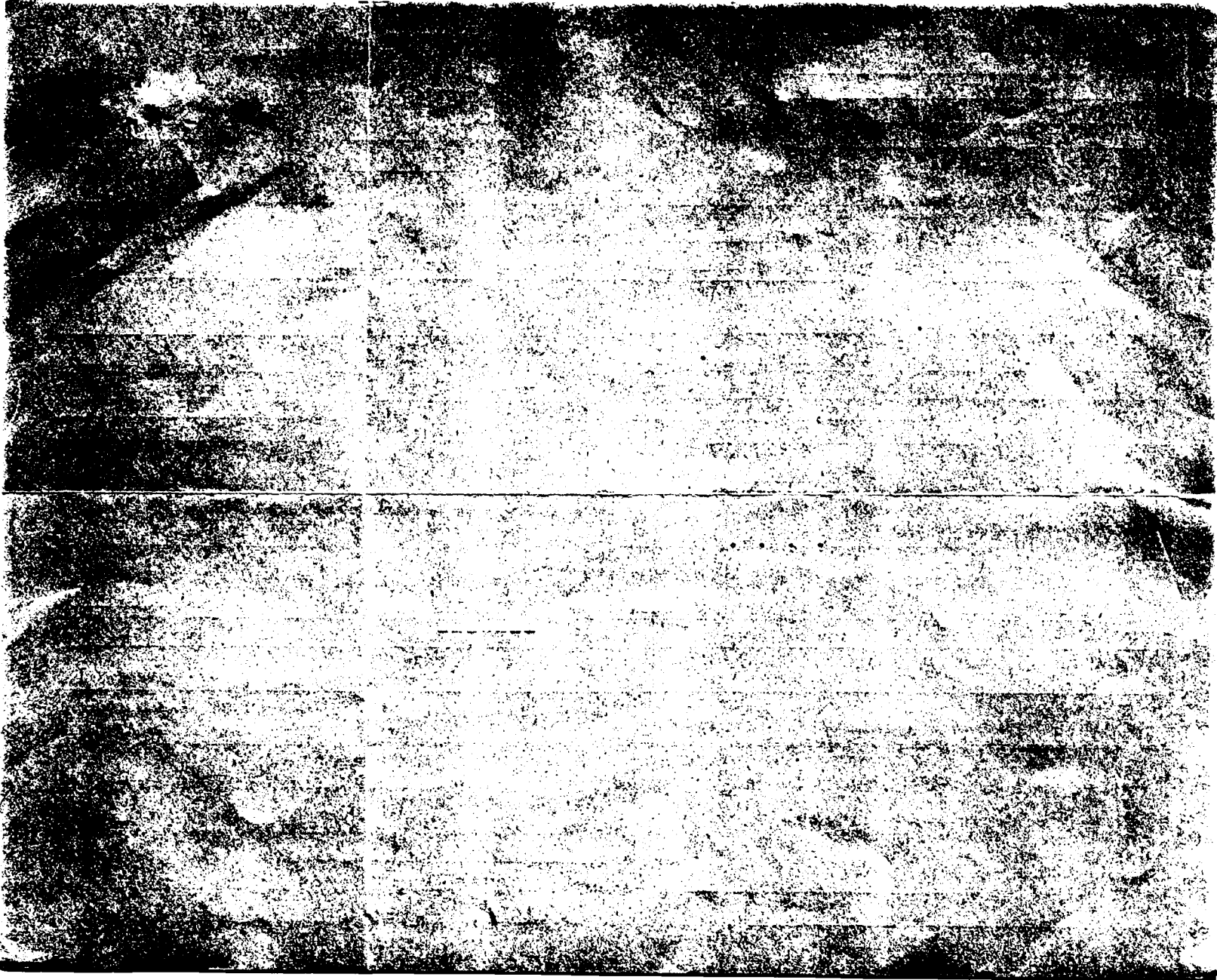
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) Ben C. Eisenberg, M. D.
or ....., Midwife
Address Pocatello, Idaho
Filed March 14, 1940

D C Ray
Registrar.

.....
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 118243
Local Reg. No. 210
Reg. Dist. No. 28

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:** MAR 12 1940
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 540 N. 6th. Ave.
   (d) Death Occurred Inside? ..... Outside? ..... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place ....
   (f) Name Hosp. or Inst. St. Anthony's Stayed 0 days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R. F. D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Mary Jane Burnett (Infant)

3. (b) If veteran, name war .....
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 27, 1940.

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	Still-born

9. Exact Occupation none — Did this work for ..... yrs.
10. Industry or Business none — Date last worked .....
11. Birthplace Pocatello, (City or town) Idaho. (State or foreign country)

Father
12. Name Charles J. Burnett
13. Birthplace Hill City, (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Mary Helen Wilson
15. Birthplace Pocatello, (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature Charles J. Burnett and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 40. (Month) (Day) (Year)
    (c) Place: Pocatello, Idaho.
18. Funeral Director's **OWN** Signature Hall Mortuary by C. H. Hall and Address Pocatello Idaho.
19. (a) 1-29-40 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 27, 1940.
    at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
    I last saw h.e.r. alive on Jan. 27 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Atelectasis	½ hr.
Due to Prematurity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....

23. Attendant's **OWN** Signature B C Eisenberg M.D. (M.D. or other)
    and Address Pocatello Idah. Date 1-29 1940
    (For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAR 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 290977

Registration District No. 210 State File No.

Prim. Registration District No. Local Registrar's No. 122

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 So. Johnson St.
Pocatello General Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wilmer Carole Wilson

3. Sex: Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature 7 mo Full term No

7. Legitimate? Yes

8. Date of birth February 18 1940 (Month, Day, Year)

FATHER

9. Full name: Walter Eugene Wilson

10. Residence (usual place of abode) (If non-resident, give place and State) 406 West Carson

11. Color or race W | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Sand Point, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Unemployed

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Elda Miranda Green

19. Residence (usual place of abode) (If non-resident, give place and State) Same

20. Color or race W | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) ~~Marysville, Idaho~~

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work At Present, 1940

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn One

29. If stillborn, period of gestation 7 months (months or weeks)

30. Cause of Stillbirth — During labor — Before labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still-born (Born Alive or Stillborn) at 6:20 P. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

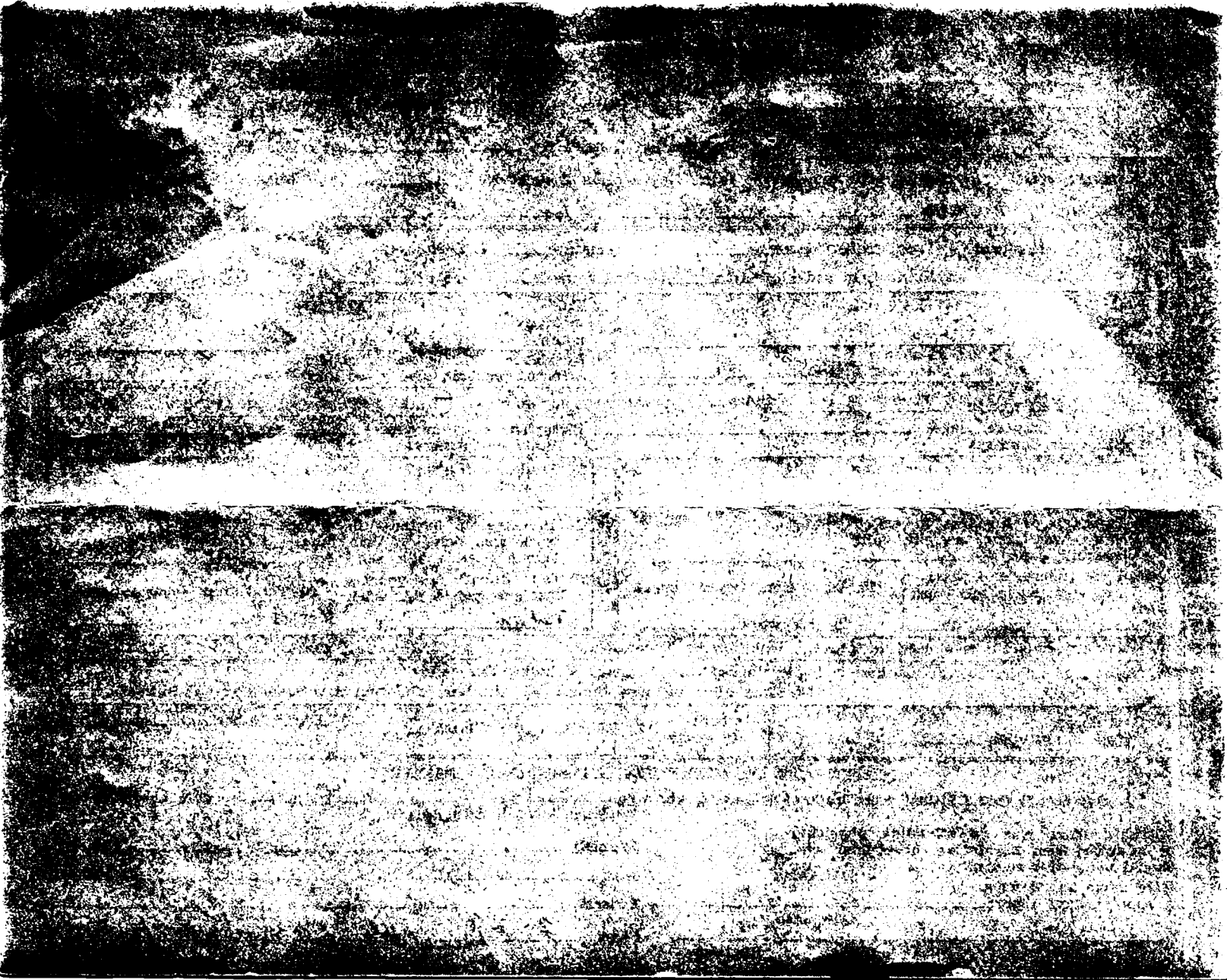
Registrar.

(Signed) O. H. Cook, M. D.

or , Midwife

Address Pocatello, Ida.

Filed 2-27, 1940 D C Ray Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 118245
Local Reg. No. 40
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101 S. Johnson Ave.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst. General Hospital Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. none
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Wilmer Caryl Wilson (Infant)

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 18, 1940.

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs ... min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business Infant — Date last worked .....
11. Birthplace Pocatello, Idaho. (City or town) (State or foreign country)

Father
12. Name Walter E. Wilson
13. Birthplace Sand Point, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Elda Green
15. Birthplace Marysville, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Walter E. Wilson and Address 406 West Carson, Pocatello, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20, 1940. (Month) (Day) (Year)
(c) Place: Pocatello, Idaho.
18. Funeral Director's **OWN** Signature C. H. Hall Mortuary by C. H. Hall and Address Pocatello, Idaho.
19. (a) Feb. 20, 1940. (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 18, 1940.
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to 2/18 19 40
I last saw h... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillbirth Jaundice — Duration
Due to a bad fall a week before
Due to Malgestation.
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. F. Call (M. D. or other)
and Address Pocatello, Idaho. Date Feb. 19, 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Lava Hot Springs
No. ____ St. ____
(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 1940

CERTIFICATE OF BIRTH

S

Registration District No. 511 State File No. 290978
Prim. Registration District No. ____ Local Registrar's No. 15

2. FULL NAME OF CHILD Gilbert

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature X Full term ____
7. Legitimate? yes
8. Date of birth Feb 25 1940 (Month, Day, Year)

FATHER

9. Full name Verl L Baxter
10. Residence (usual place of abode) Lava Hot Springs
(If non-resident, give place and State) ____
11. Color or race W
12. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Moreland Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Relief
16. Date (month and year) last engaged in this work Nov, 19 ____
17. Total time (years) spent in this work 1/2

MOTHER

18. Full maiden name Georgia Catherine Hallman
19. Residence (usual place of abode) Lava Hot Springs
(If non-resident, give place and State) ____
20. Color or race W
21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Soda Springs

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Nov, 19 ____
26. Total time (years) spent in this work 2

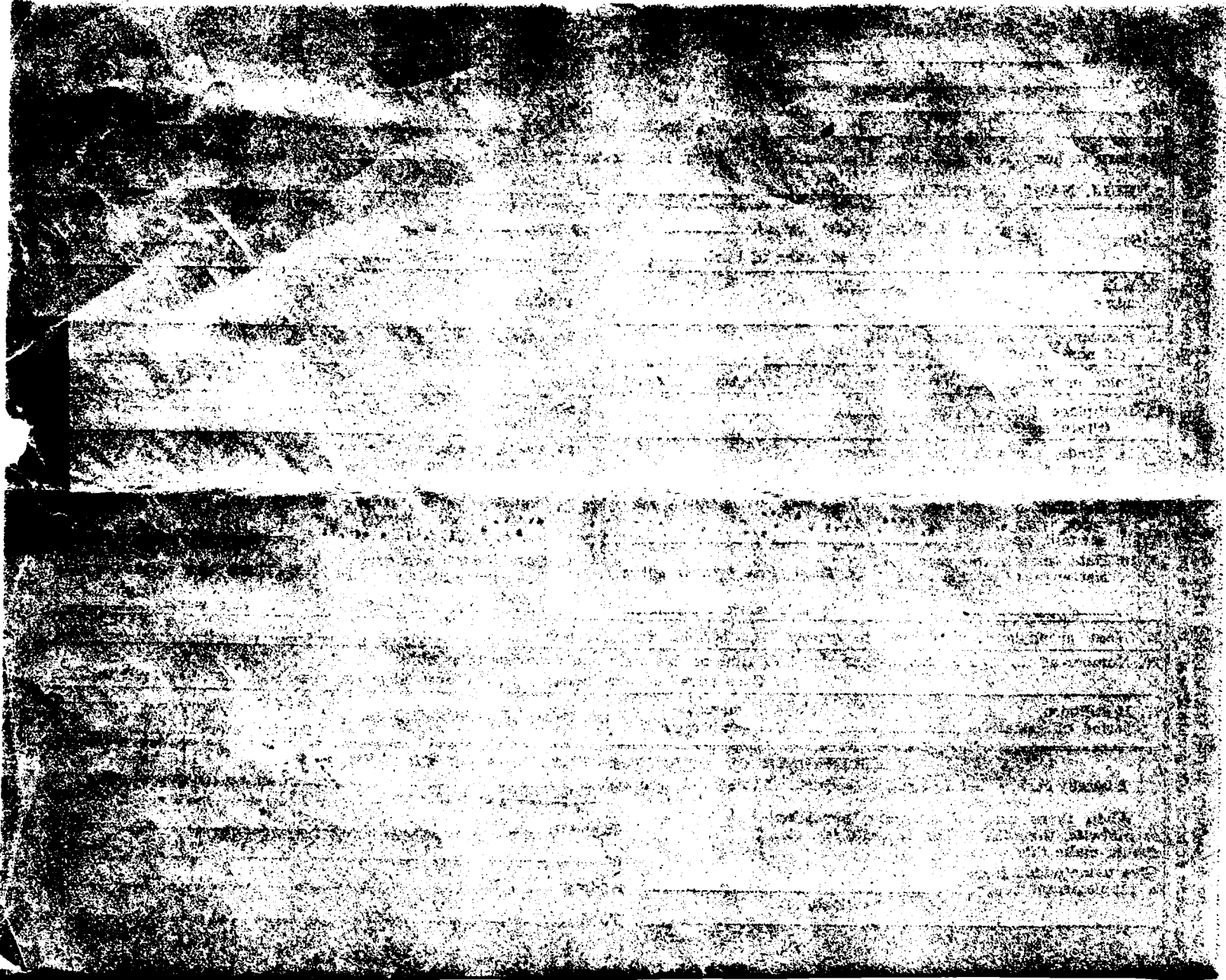
27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn None
29. If stillborn, period of gestation ____ months or weeks 6
30. Cause of stillbirth Unknown — Before labor X — During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:35 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) E A Rich, M. D.
or ____ Midwife
Address Lava Hot Springs Ida
Filed Mar 2, 1940 Mrs G. G. Fitz Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

No Social Security

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 118246

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 511
Primary Registration District No. ..... Local Registrar's No. 3

RECEIVED MAR 6 1940

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillbirth

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): None

7. AGE: Years: None | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lava Hot Springs Idaho

FATHER

13. NAME: ~~None~~ Verl L Baxter
14. BIRTHPLACE (city or town) (State or country): Moreland Idaho

MOTHER

15. MAIDEN NAME: Georgia Catherin Hallinan
16. BIRTHPLACE (city or town) (State or country): Soda Springs Idah

17. INFORMENT (Address): Verl L. Baxter Lava.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lava Hot Springs Date 2-26, 1940

19. UNDERTAKER (Address): None

20. FILED Mar. 2-, 1940 Mrs G. G. Fish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ~~on~~ Feb. 25, 1940 to ....., 193.
I last saw her alive on Not at all, 1940; death is said to have occurred on the date stated above, at Birth or bfor
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillbirth cause	
Unknown	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C A Rich M. D.
(Address) Lava Hot Springs Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

290979

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint, Idaho
No. ____ St. Community Hospital
(If born in hospital or institution give name.)

RECEIVED MAR 14 1940

Registration District No. 110 State File No.
Prim. Registration District No. Local Registrar's No. 34

2. FULL NAME OF CHILD Stillborn Griesemer

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term yes	yes	Feb. 26, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Paul Griesemer	18. Full maiden name: Dorothy Bell
10. Residence (usual place of abode) (If non-resident, give place and State): Vay, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Vay., Ida.
11. Color or race: white | 12. Age at last birthday: 33 (years)	20. Color or race: White | 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Olney, Ill.	22. Birthplace (city or place) (State or Country): Superior, Wis.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pole Maker	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Pole Company	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Feb., 1940	17. Total time (years) spent in this work: 4
25. Date (month and year) last engaged in this work: Feb., 1940	26. Total time (years) spent in this work: 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo. { months or weeks

30. Cause of Stillbirth: Hydrocephalus { Before labor Yes / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 9:25 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Wm F. Tyler, M. D.

or ____, Midwife

Address Sandpoint, Idaho

Filed Mar 10, 1940 Virgil C. Godwin

Registrar.

Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 118247
Local Reg. No. 22
Reg. Dist. No. 100

RECEIVED
MAR 14 1940

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? ..... city or town
(e) Died in a Home ....Hospital x Institution ....Other place ....
(f) Name Hosp. or Inst. Community Hosp. ....days
(g) Lived in this county .....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Laclede
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ..... Outside? x ..... city or town
(f) If foreign born, in U. S. .....yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? .....years
(h) Former residence (city, state)

3. (a) **FULL NAME** Stillborn Griesmer

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 26, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Stillbirth			hrs min.

9. Exact Occupation None ..... Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Sandpoint, (City or town) Idaho. (State or foreign country)

Father
12. Name Paul Griesmer
13. Birthplace Olney, (City or town) Illinois. (State or foreign country)

Mother
14. Maiden name Dorothy Ann Bell
15. Birthplace Wisconsin (State or foreign country) (City or town)

16. Informant's **OWN** Signature Paul Griesemer and Address Laclede, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1940 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's **OWN** Signature L.G.Moon and Address Sandpoint, Idaho
19. (a) Feb. 28, 1940 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Stillbirth 2/26 1940
at 9 22 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from .....19....., to .....19.....
I last saw h..... alive on .....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hydrocephalus	
with Complete Breech	
Due to Twins before Labor	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Cord around neck	
Where was disease first contracted? —	
Name of operation no Date	
Major finding —	
Finding of autopsy —	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred .....19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint, Ida. Date 3/7 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

290980

RECEIVED
MAR 12 1940

1. PLACE OF BIRTH
County of Bannock
City of Idaho Falls
No. Memorial Drive St. LDS Hospital
(If born in hospital or institution give name.)

Registration District No. 6 1 D
Prim. Registration District No.
State File No.
Local Registrar's No. 104

2. FULL NAME OF CHILD Stillborn Moser

3. Sex: Female
If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth 1
6. Premature: Full term yes
7. Legitimate? yes
8. Date of birth 2-21, 1940 (Month, Day, Year)

FATHER

9. Full name Francis Lyman Moser
10. Residence (usual place of abode) (If non-resident, give place and State) Rout 2 Idaho Falls
11. Color or race W | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Bedford Wyoming

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Feb. 20, 1940
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Esther Minskin
19. Residence (usual place of abode) (If non-resident, give place and State) Rout 2 Idaho Falls
20. Color or race W | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Idaho Falls, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Feb 1, 1940
26. Total time (years) spent in this work 11 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 7 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 months or weeks
30. Cause of stillbirth: Before labor X; During labor

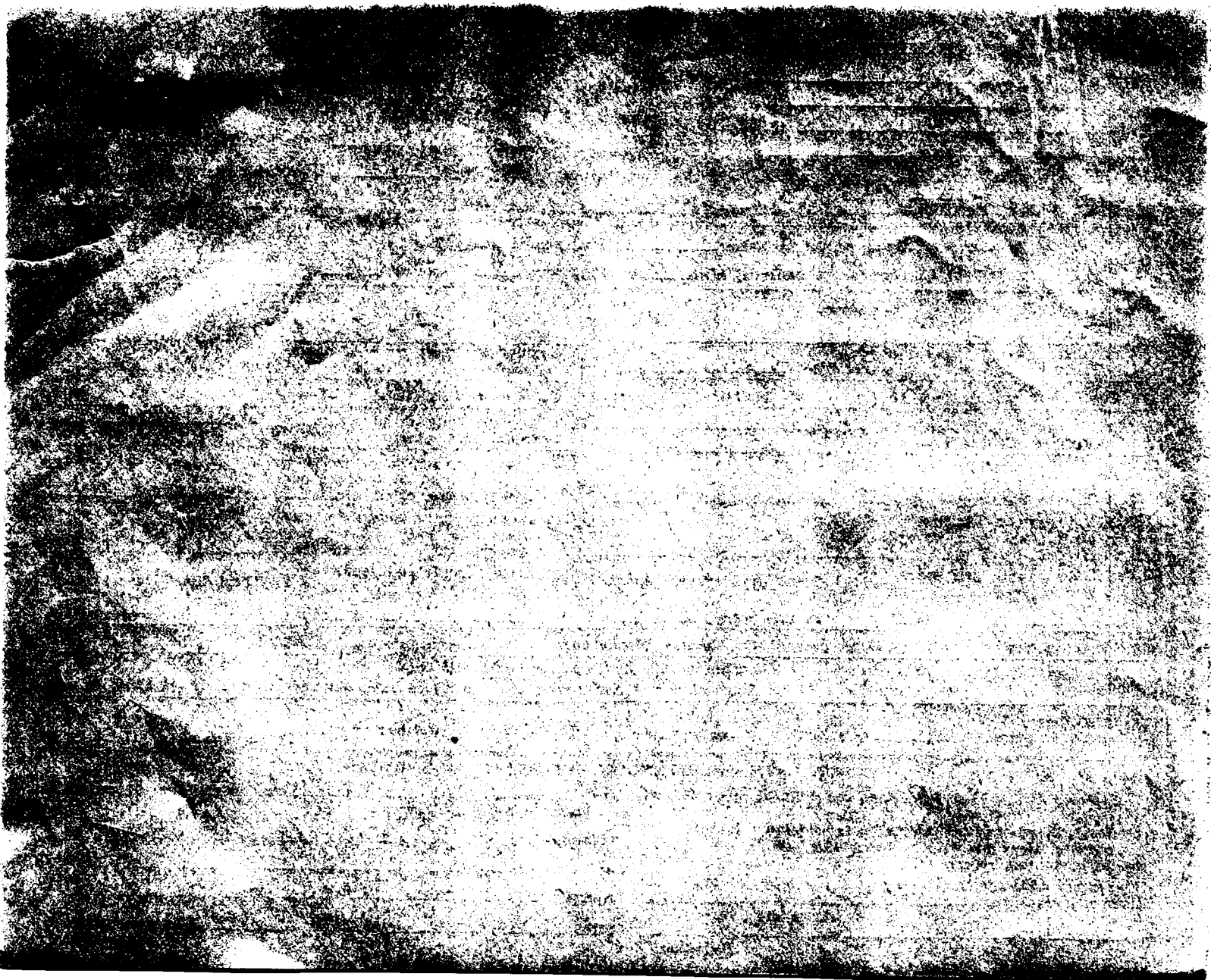
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 2 1/2 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) John O Millar, M. D.
or ....., Midwife
Address Idaho Falls Ida
Filed Mar 8, 1940 Corp Simmonds
Registrar.

Give name added from a supplemental report.....
(Date of)
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 11824
Local Reg. No. 32
Reg. Dist. No.

RECEIVED MAR 12 1940

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside yes Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. L.D.S.Hosp Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Moser

3. (b) If veteran, name war
3. (c) Social Security No.
5. Color or
5. (a) Single, widowed, married, divorced Single
4. Sex female race White
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 21, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Stillborn			hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Francis Lyman Moser
13. Birthplace Bedford, Wyoming (City or town) (State or foreign country)

Mother
14. Maiden name Esther Miskin
15. Birthplace Ucon, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Francis L. Moser
and Address Idaho Falls Rt #2
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1940 (Month) (Day) (Year)
(c) Place: Grant, Idaho
18. Funeral Director's **OWN** Signature Jack G. Wood
and Address Idaho Falls, Idaho
19. (a) Feb 27 40 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 21 19 40
at 5 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Still-born	
Due to Pernicious an-	
aemia and chronic	
Due to nephritis an	
Other conditions Moser	
(Include pregnancy within 3 months of death)	
Where was disease first contracted? Patient was in	
Name of operation Date	
Major finding	
Finding of autopsy	

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John G. Mellor M.D.
and Address Idaho Falls (M. D. or other) Date Feb. 26, 40
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1940

CERTIFICATE OF BIRTH 290984 S

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ____ St.
Mercy Hospital
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. 362 Local Registrar's No. 56

2. FULL NAME OF CHILD Stillborn Pinehart

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature: Yes Full term ____
7. Legitimate? No
8. Date of birth: Feb. 12, 1940 (Month, Day, Year)

FATHER

9. Full name: Frank George Kosiba
10. Residence (usual place of abode) (If non-resident, give place and State): Omaha, Nebraska
11. Color or race: White | 12. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: C.C.C.
16. Date (month and year) last engaged in this work: Sept. 1, 1939
17. Total time (years) spent in this work: 2 yrs.

MOTHER

18. Full maiden name: Eleanor Bernice Pinehart
19. Residence (usual place of abode) (If non-resident, give place and State): 829-11th Ave. No.
20. Color or race: White | 21. Age at last birthday: 17 (years)
22. Birthplace (city or place) (State or Country): Valentine, Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Student
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Public Schools
25. Date (month and year) last engaged in this work: June 1, 1939
26. Total time (years) spent in this work: 11 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother: 1 (At time of this birth and including this child)
(a) Born alive and now living: 0 (b) Born alive but now dead: 0 (c) Stillborn: 1

29. If stillborn, period of gestation: 7 mos. (months or weeks)
30. Cause of Stillbirth: Undetermined (During labor ____ Before labor: Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born (Born Alive or Stillborn) at 12 42 P. m. on the date above stated.

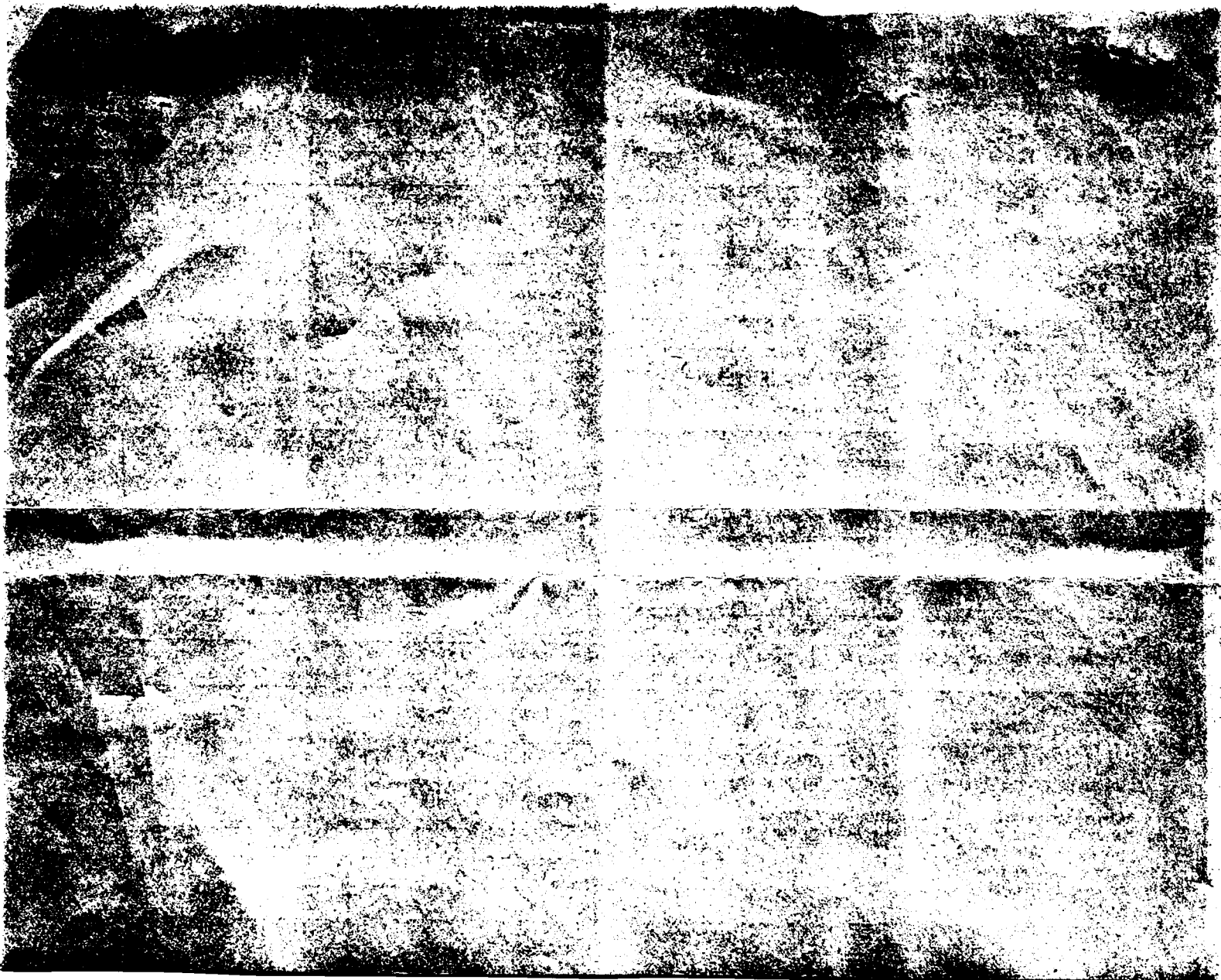
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) R. L. Rodgers, M. D.
or ____, Midwife
Address Nampa Ida

Give name added from a supplemental report ____ (Date of)

Filed Mar. 5 1940, 100 Lyda Rodgers
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 118252
Local Reg. No. 36
Reg. Dist. No. 362

MAR 8 1940

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 212-12th Ave No
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst. Mercy ... Stayed ... days
(g) Lived in this county ... years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 212-12 Ave No
(e) Deceased lived Inside? yes Outside? ✓ ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Infant Daughter of Eleanor Berniece Pinehart

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) Feb. 13th 1940

8. **AGE**

Years	Months	Days	If less than 1 day
✓	✓	✓	hrs ... min.

9. Exact Occupation None ... Did this work for ... yrs.
10. Industry or Business ✓ ... Date last worked ✓
11. Birthplace Nampa (City or town) Idaho (State or foreign country)

Father
12. Name Frank Kostka
13. Birthplace Unknown (City or town) Nebraska (State or foreign country)

Mother
14. Maiden name Eleanor B. Pineheart
15. Birthplace Valentine (City or town) Neb. (State or foreign country)

16. Informant's **OWN** Signature Mrs Fred McKinley
and Address 212 12th Ave North

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14 1940 (Month) (Day) (Year)
(c) Place: Hohlen Town Nampa

18. Funeral Director's **OWN** Signature Frith Talley
and Address Nampa, Idaho

19. (a) Mar. 4-1940 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 12 1940
at ? o'clock ? M.

21. I **HEREBY CERTIFY**, That I attended deceased from Feb 12 1940, to Feb 12 1940
I last saw h.. alive on Not alive 19..; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn at 7 ms	
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation — Date .....
Major finding None
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R L Todwell MD (M. D. or other)
and Address Nampa Ida Date 2-15 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of mo
One child at birth a Separate Return must be made for each, and the number of each, in order of birth s

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Mem. Park Hosp.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

RECEIVED
MAR 11 1940

CERTIFICATE OF BIRTH 290985

Registration District No. 760 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 46

2. FULL NAME OF CHILD Stillborn

3. Sex male

If plural births: 4. Twin, triplet, or other —

5. Number, in order of birth —

6. Premature Yes Full term No

7. Legitimate? Yes

8. Date of birth Feb. 13 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Melph Edmond Cawood	18. Full maiden name Helen Maxine Tietsort
10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell	19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race White 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or country) Lakin Kansas	22. Birthplace (city or place) (State or country) Ontario Oregon
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Plasterer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Present 19	17. Total time (years) spent in this work 1 1/2 yrs.
25. Date (month and year) last engaged in this work Present 19	26. Total time (years) spent in this work 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation 5 mos. months or weeks

30. Cause of stillbirth Premature 5 mos. Before labor Yes During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 10:30 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Earl Warren, M. D.

or ....., Midwife

Address Caldwell Idaho.

Give name added from a supplemental report ..... (Date of)

Filed 2-24-40, 193. Mary Montgomery Registrar.

..... Registrar.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 118253
Local Reg. No. 90
Reg. Dist. No. 166

RECEIVED MAR 11 1940

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ....Hospital ✓ Institution ....Other place ....
   (f) Name Hosp. or Inst. Memorial Park Stayed .....days
   (g) Lived in this county .....years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) If foreign born, in U. S. .....yrs. Citizen of U. S.? ✓
   (g) How long had deceased lived in Idaho? X years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Cavard

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb 13 - 1940

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	hrs — min.

9. Exact Occupation — Did this work for X yrs.
10. Industry or Business — Date last worked X
11. Birthplace Caldwell (City or town) Ida (State or foreign country)

Father
12. Name Delph E. Cavard
13. Birthplace Lakin (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Helen Tietsort
15. Birthplace Ontario Ore (City or town) (State or foreign country)

16. Informant's **OWN** Signature Delph E Cavard and Address Caldwell Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-40 (Month) (Day) (Year)
    (c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature C. V. Beckham and Address Caldwell Idaho
19. (a) 3/11/40 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 13 1940
    at Before 8 o'clock A. M.
21. I **HEREBY CERTIFY**, That I attended deceased from Feb 1 1940 to Feb 13 1940
    I last saw h. alive on Stillborn; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillborn
Prem. Separation 5"
Due to 16 Gestation page
Abruptio Placenta
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury

23. Attendant's **OWN** Signature Earl Warner (M. D., other)
    and Address ..... Date ..... 19.....

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290985 S

RECEIVED MAR - 1 1940

Registration District No. 560 State File No. ____

Prim. Registration District No. ____ Local Registrar's No. 19

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ____ St.
Mem. Park Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn

3. Sex: Male

If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —

6. Premature no; Full term yes

7. Legitimate? yes

8. Date of birth Feb. 27, 1940 (Month, Day, Year)

FATHER

9. Full name: Ralph Albert Moore

10. Residence (usual place of abode) (If non-resident, give place and State): Notus Ida.

11. Color or race: White | 12. Age at last birthday: 32 (years)

13. Birthplace (city or place) (State or Country): Ovid Colorado

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Rented farm

16. Date (month and year) last engaged in this work: ____, 1940

17. Total time (years) spent in this work: 9 yrs.

MOTHER

18. Full maiden name: Grace Edith Logenstedt

19. Residence (usual place of abode) (If non-resident, give place and State): Notus Ida.

20. Color or race: White | 21. Age at last birthday: 32 (years)

22. Birthplace (city or place) (State or Country): Stronghurst Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: Present, 1940

26. Total time (years) spent in this work: 9 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: none (b) Born alive but now dead: none (c) Stillborn: 1

29. If stillborn, period of gestation: full term (months or weeks)

30. Cause of Stillbirth: Difficult Forceps delivery
Before labor: ____
During labor: yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 12:30 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

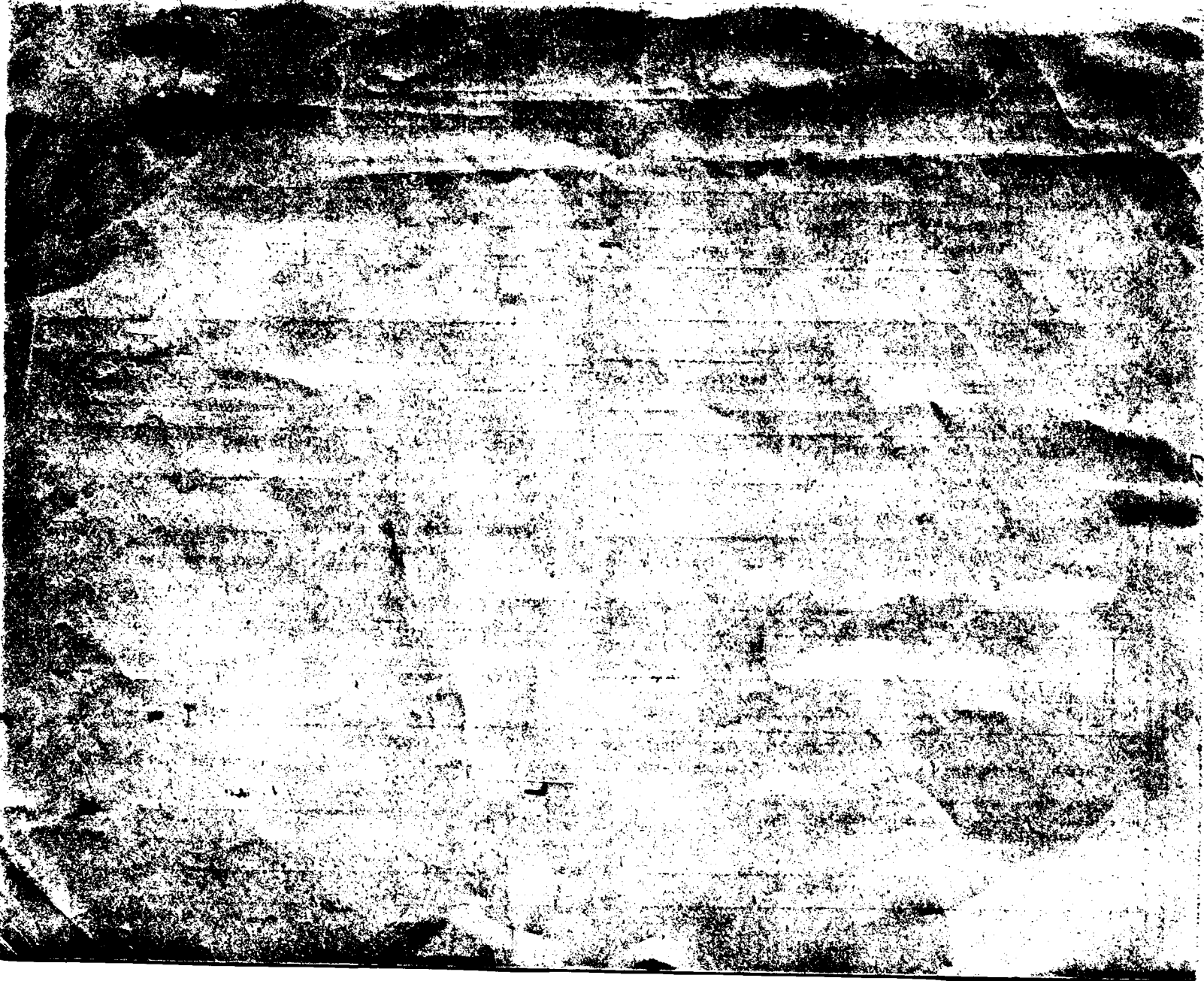
(Signed) [signature], M. D.

or ____, Midwife

Address Caldwell Ida.

Filed 3-4-40, 193[illegible] [signature] Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 118254
Local Reg. No. 29
Reg. Dist. No. 36

RECEIVED
MAR 11 1940

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. 702 S. 7th
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Memorial Park If not in hosp. died ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Notus Ida
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Boy Moore

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) Feb. 27, 1940

8. **AGE**

Years	Months	Days	If less than 1 day
0	0	0	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Caldwell, (City or town) Idaho (State or foreign country)

Father
12. Name Ralph Moore
13. Birthplace Ovid, (City or town) Colorado (State or foreign country)

Mother
14. Maiden name Grace Logerstedt
15. Birthplace Stronghurst, (City or town) Illinois (State or foreign country)

16. Informant's **OWN** Signature Walter Logerstedt
and Address Notus, Idaho

17. (a) Ten Davis (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof 2-28-40 (Month) (Day) (Year)
(c) Place: .....

18. Funeral Director's **OWN** Signature Jane L. Case
and Address Caldwell, Idaho

19. (a) 2/28/40 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 27 1940
at 12 30 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 2 27 1940 to 2 27 40 19..
I last saw h~~im~~. alive on 2 27 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diffuse Toxaemia	
Due to Full Term	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? —
Name of operation — Date .....
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature D. I. Cox. (M. D. or other)
and Address Caldwell Ida Date 2 27 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalised carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S290986

1. PLACE OF BIRTH
County of Cassia
City of Burley
No. ____ St. Cottage Hosp
(If born in hospital or institution give name.)

Registration District No. 470 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 44

2. FULL NAME OF CHILD George Wallace Kittle

3. Sex Male. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? Yes | 8. Date of birth 2-22, 1940. (Month, Day, Year)

FATHER

9. Full name Darol E. Kittle
10. Residence (usual place of abode) (If non-resident, give place and State) Oakley, Ida
11. Color or race W. | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Oakley, Ida

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cattle Raising
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Retta Elizabeth Gorringe
19. Residence (usual place of abode) (If non-resident, give place and State) Oakley, Ida
20. Color or race W. | 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Oakley, Ida

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? [illegible]

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn. at 25 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) Geo W Peterson, M. D.
or ____, Midwife
Address Burley, Ida.
Filed March 6, 1940 Laura G Sprecher Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

RECEIVED MAR 8 1940

State File No. 11825
Local Reg. No. 13
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Cottage Hosp. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** George Willis Whittle

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 22, 1940
8. **AGE** — Years — Months — Days — If less than 1 day — hrs — min.
9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Burley, Idaho (City or town) (State or foreign country)

Father
12. Name Darrel E. Whittle
13. Birthplace Oakley, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Retta E. Gorringe
15. Birthplace Marion, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature D E Whittle and Address Oakley
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1940 (Month) (Day) (Year)
    (c) Place: Oakley Cemetery
18. Funeral Director's **OWN** Signature Verne McCullach and Address Burley - Idaho
19. (a) 3-4-40 (Date received and filed) (b) Laura D Sprecher (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 22 1940 at 1:25 o'clock a. M.
21. I **HEREBY CERTIFY**, That I attended deceased from 2-22 1940 to 2-22 1940
    I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Still Born Placenta Ablatio	
Due to Placenta Ablatio	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? ✓
Name of operation Ceas. Date 2-22
Major finding Fr. Breast & Placenta
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? — Homicide? ✓
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature Chas. B. Tabner M. D. (M. D. or other)
    and Address Burley Idaho Date 2-24 1940
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Vern B. McCulloch Lic. No. 260 at 3:30 P.M. on 2-22-40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Cottonwood, Idaho

No. ____ St. ____

Our Lady of Consolation Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

RECEIVED

MAR 12 1940

CERTIFICATE OF BIRTH 290987

Registration District No. 242 State File No. ____

Prim. Registration District No. ____ Local Registrar's No. 17

2. FULL NAME OF CHILD Sharon Lynn Owen

3. Sex Female

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth February 24 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Harry Owen	18. Full maiden name Gladys Knee
10. Residence (usual place of abode) (If non-resident, give place and State) Evangeville Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Evangeville Ida.
11. Color or race White | 12. Age at last birthday 31 (years)	20. Color or race White | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Valley City North Dakota	22. Birthplace (city or place) (State or Country) Spokane Washington
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Agent Jbr	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeep
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Standard Oil Company	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Ownhome
16. Date (month and year) last engaged in this work ____, 19__	17. Total time (years) spent in this work 6 yr.
25. Date (month and year) last engaged in this work ____, 19__	26. Total time (years) spent in this work 7 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag Nos

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8½ mo. { months or weeks

30. Cause of Stillbirth ____ { During labor Maternal Toxemia Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 1:40 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

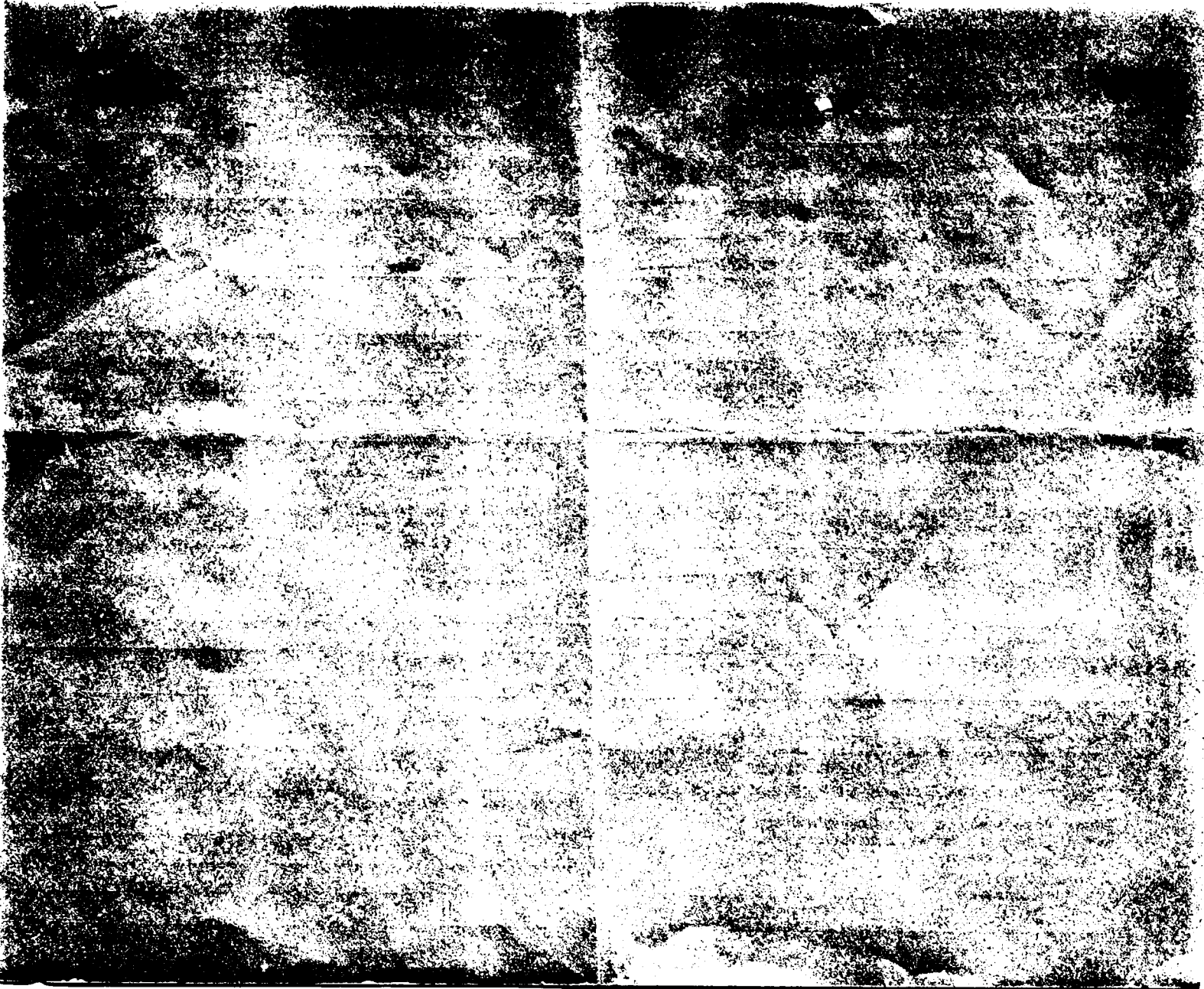
Registrar.

(Signed) Healey F. Owen, M. D.

or ____, Midwife

Address Cottonwood, Idaho

Filed Feb. 24, 1940 H. F. Am by ____ Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 118256
Local Reg. No. 5
Reg. Dist. No. 24-2

RECEIVED MAR 12 1940

1. **PLACE OF DEATH**
   (a) County Idaho
   (b) City or town Cottonwood
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Our Lady of Consolation stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Sharon Lynne Owen - Stillborn

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 24, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	-	-	-		

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Cottonwood, Idaho (City or town) (State or foreign country)

Father
12. Name Harry Owen
13. Birthplace Valley City, North Dakota (City or town) (State or foreign country)

Mother
14. Maiden name Gladys Knee
15. Birthplace Spokane, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. W. F. Owen
and Address Orangeville, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 25 40 (Month) (Day) (Year)
(c) Place: Orangeville
18. Funeral Director's **OWN** Signature Glenn Cline
and Address Orangeville Idaho
19. (a) 2-24-40 (Date received and filed) (b) N. F. Owen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) — 19—
at —o'clock —M.

21. I **HEREBY CERTIFY**, That I attended deceased from — 19— to — 19—
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillborn
Due to Mothers uterus stricken with
Acute appendicitis and
Due to Acute pancreatitis
Other conditions. She was operated for Cancer
(Include pregnancy within 3 months of death) Appendicitis.

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wesley D. Owen M.D.
(M. D. or other)
and Address Cottonwood Date 2-25 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia*; *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of [illegible] Lic. No. [illegible] at [illegible] on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jefferson

City of Rigby Ida

No. _____ St.

(If born in hospital or institution give name.)

RECEIVED
MAR 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 640 State File No. 290989

Prim. Registration District No. 2176 Local Registrar's No. 30

2. FULL NAME OF CHILD _____

3. Sex M

If plural births { 4. Twin, triplet, or other V
5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth Feb. 5 1940 (Month, Day, Year)

FATHER

9. Full name James Morgan Lake Jr

10. Residence (usual place of abode) (If non-resident, give place and State) Rigby Ida

11. Color or race W | 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Farmington Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.O. Employee

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Post Office

16. Date (month and year) last engaged in this work Present 19__

17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Velma Walker

19. Residence (usual place of abode) (If non-resident, give place and State) Rigby Ida

20. Color or race W | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Arenzo Ida

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Present 19__

26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 38 [months or weeks]

30. Cause of Stillbirth Abruptio Placenta { During labor V / Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 2 am m. on the date above stated.

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) J. Parker Cauldy, M. D.

or _____, Midwife

Address Rigby Ida.

Filed MAR 7 1940, 193__ Mrs. A B Echersell Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11825
Local Reg. No. 7
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Rigby FEB 10 1940
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Lake

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F. M. 5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 5, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Rigby (City or town) Idaho (State or foreign country)

Father
12. Name James Morgan Lake. Jr.
13. Birthplace Harrisville, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Velna Walker.
15. Birthplace Lorenzo Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. Morgan Lake Jr.
and Address Rigby, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/40 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature A B Eckersell
and Address Rigby, Idaho.
19. (a) 2/5/40 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 5 1940
at 2 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from birth 19..., to ... 19...
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Stillborn
Due to Placental separation
Due to ....
Other conditions ....
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. H. Lulley M.D. (M. D. or other)
and Address Rigby, Ida. Date 2/5 1940.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Not Embalmed. Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

90-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 12 1940

CERTIFICATE OF BIRTH

S 290980

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. 630 State File No. ____
Prim. Registration District No. 2178 Local Registrar's No. 48

2. FULL NAME OF CHILD Stillborn McCulloch

3. Sex Female

If plural births { 4. Twin, triplet, or other one 5. Number, in order of birth ____

6. Premature yes Full term ____

7. Legitimate? yes

8. Date of birth 2/28, 1940 (Month, Day, Year)

FATHER

9. Full name Willard D. McCulloch

10. Residence (usual place of abode) Hibbard (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 23 (years)

13. Birthplace (city or place) Hibbard (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19__

17. Total time (years) spent in this work life

MOTHER

18. Full maiden name LaRene Potter

19. Residence (usual place of abode) Hibbard (If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Hibbard (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19__

26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother none (At time of this birth and including this child) (a) Born alive and now living none (b) Born alive but now dead none (c) Stillborn yes

29. If stillborn, period of gestation 7 months { months ~~or weeks~~

30. Cause of stillbirth Albuminuria of mother C Hypertension { Before labor yes During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:50 m. on the date above stated.
(Born Alive or Stillborn)

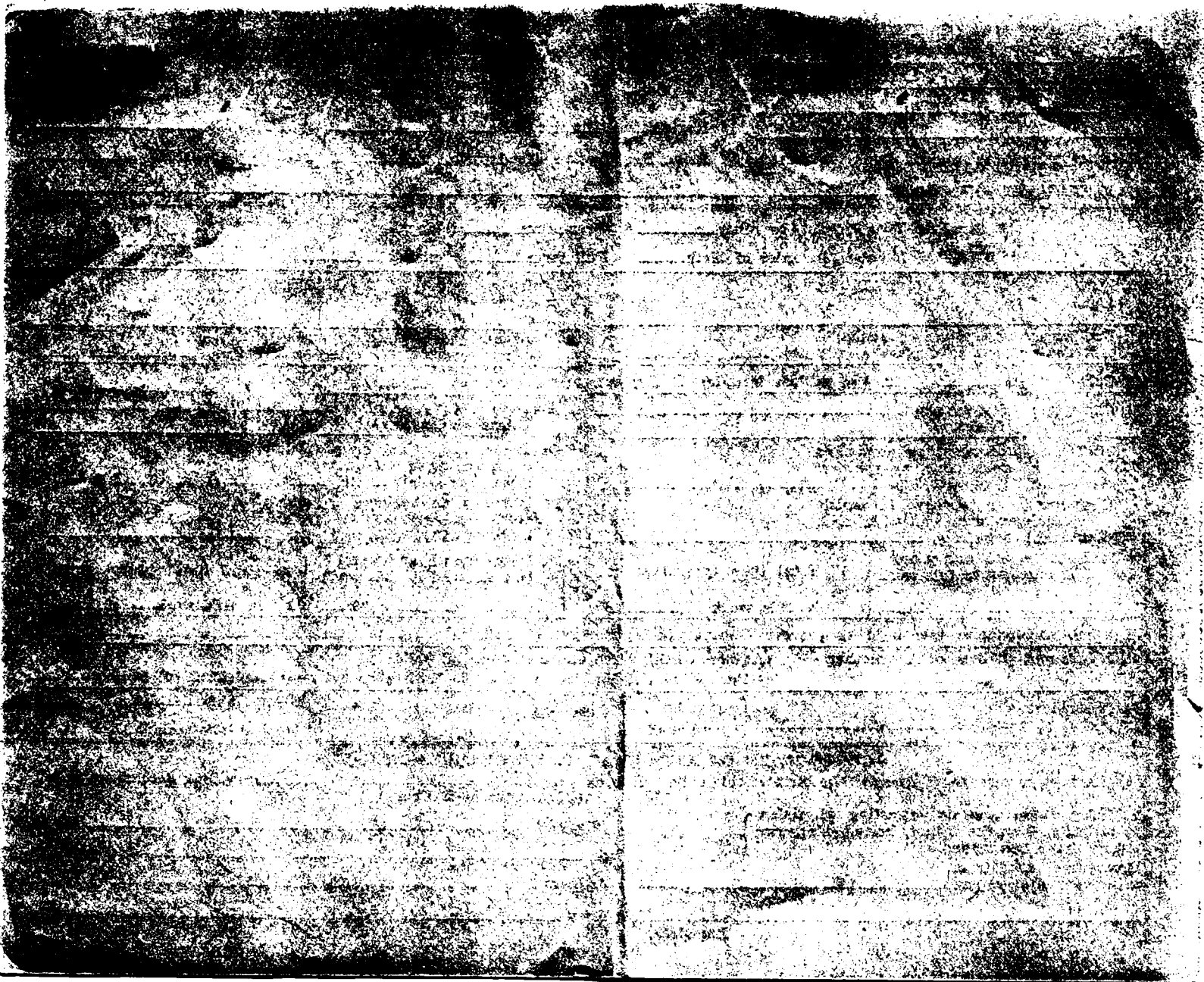
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) M. L. Rigby, M. D.
or ____, Midwife
Address Rexburg

Filed 3-8-, 1940 Mrs H Haysom
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11825
Local Reg. No. 1
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place:
(f) Name Hosp. or Inst. Middleton Mat. Home Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

MAR 12 1940

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madisson
(c) City or town Rexburg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state)

3. (a) **FULL NAME** Stillborn McCulloch

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race .....
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 28, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) (State or foreign country)

Father
12. Name Willard D. McCulloch
13. Birthplace Hibbard, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Ivy Rene Potter
15. Birthplace Hibbard, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Willard D. McCulloch
and Address Rexburg R. F. D. 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40 (Month) (Day) (Year)
(c) Place Sugar City Idaho
18. Funeral Director's **OWN** Signature Russell Clamm
and Address Rexburg, Idaho
19. (a) 2-29-40 (Date received and filed) (b) Mrs. T. Haysoung (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 28 1940
at 6:15 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2/28 1940, to 2/28 1940
I last saw her alive on 2/28 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn — Duration .....
Due to Albuminuria of mother c hypertension
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease first contracted? — .....
Name of operation — Date .....
Major finding — .....
Finding of autopsy no .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature M. F. Kiesy M.D. (M. D. or other)
and Address Rexburg Idaho Date 2/29 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290990 S

RECEIVED
MAR 12 1940

Registration District No. 220 State File No.

Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St.
St. Joseph's Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Boy Lathrop

3. Sex: Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature yes Full term 7. Legitimate? yes

8. Date of birth 1/ 23, 1940 (Month, Day, Year)

FATHER

9. Full name: Alfred Lathrop

10. Residence (usual place of abode) (If non-resident, give place and State): Ferdinand Idaho

11. Color or race: W | 12. Age at last birthday (years)

13. Birthplace (city or place) (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ..., 19.. | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Birkeland,

19. Residence (usual place of abode) (If non-resident, give place and State): Ferdinand, Ida.

20. Color or race: W | 21. Age at last birthday (years)

22. Birthplace (city or place) (State or Country): Ferdinand, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: at home

25. Date (month and year) last engaged in this work: at present, 19.. | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation 6½ months or weeks | 30. Cause of stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 11:38 pm on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

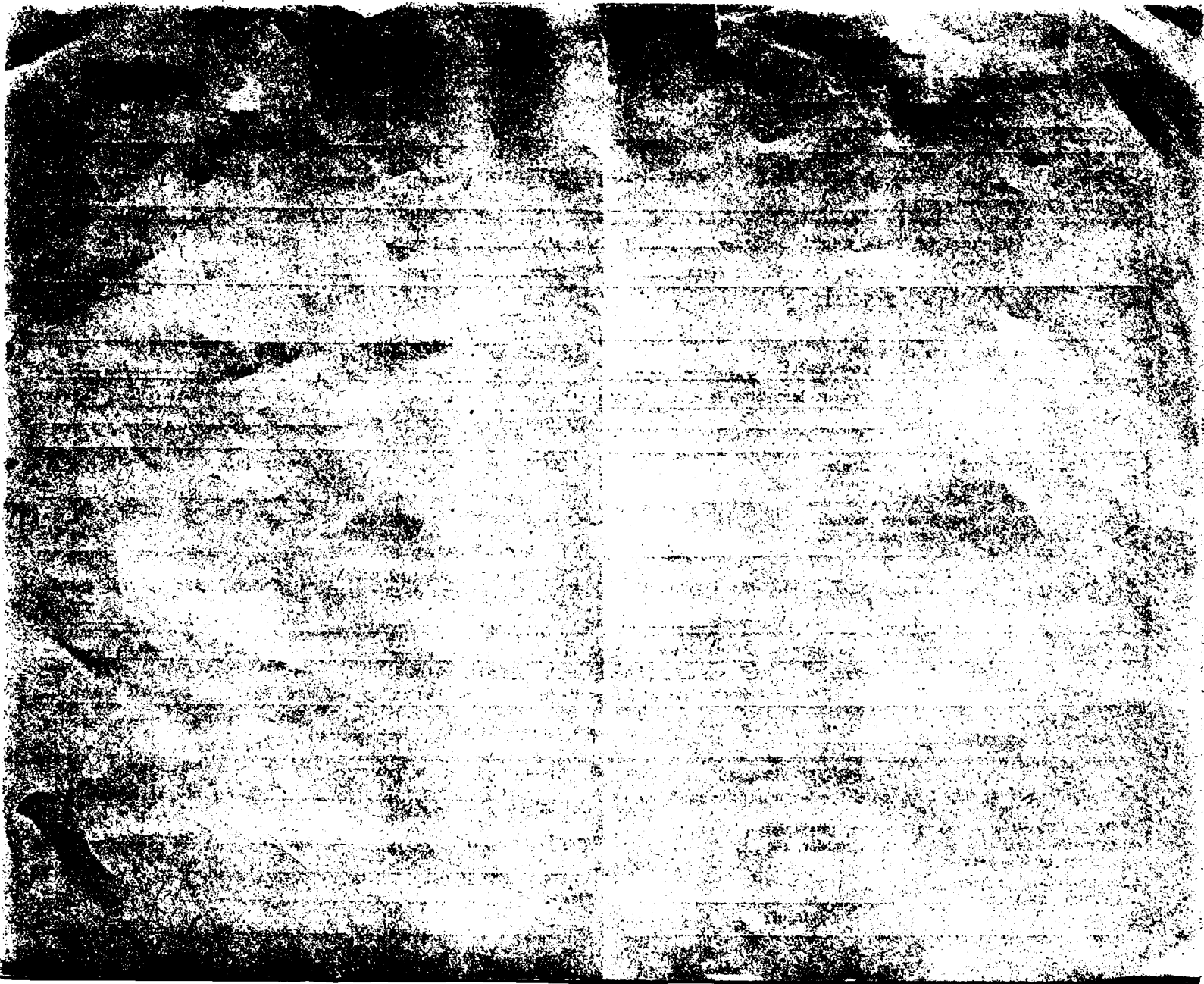
Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Orval G. Young M. D.
or Midwife
Address

Filed Feb 28, 1940 Mae B. M. Rees M.D.
Registrar.



Hosm 118255

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Nez Perce. Registration Dist. No. 220

City of Lewiston. Primary Reg. Dist. No. 96

(Home, Hospital or Institution) Local Registrar's No.

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Von LeRoy Lathrop.

(a) Residence: Ferdinand, Idaho county, Idaho. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE: Male.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year) January 23rd, 1940.

7. AGE: Years ----. Months ---. Days ---. If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: None.

9. Industry or business in which work was done: ----.

10. Date deceased last worked at this occupation (month and year) ----.

11. Total time (yrs.) spent in this occupation ----.

12. BIRTHPLACE (City or Town, County and State, or Country): Lewiston, Nez Perce county, Idaho.

Father

13. NAME Alfred L. Lathrop.

14. BIRTHPLACE (City or Town, County and State, or Country): Craig, Washington.

Mother

15. MAIDEN NAME Gladys Birkeland

16. BIRTHPLACE (City or Town, County and State, or Country): Ferdinand, Idaho county, Idaho.

17. SIGNATURE OF INFORMANT: Alfred Lathrop

(Address) Ferdinand, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Lewiston, Idaho. Date 1/25/40 19

19. UNDERTAKER L B Wann Brower-Wann Co.

(Address) Lewiston, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Feb 1 1940 (Date) by Mark M Reuss MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 23rd, 1940.

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 19 40 to Jan 23 19 40

I last saw h[illegible] alive on Dec 1939 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Prematurity — 6½ mos. pregnancy

Date of Onset	Yr.	Mo.	Day

Contributory causes of importance not related to principal causes

Nephritis & Pregnancy 7 months

Where was disease first diagnosed? [illegible]

Name of operation None date of ----

Condition for which performed ----

What test confirmed diagnosis? Autopsy

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ----

, 19 Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place ___

Manner of injury ----

Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ----

(SIGNED) Paul G Hanny M. D.

(Address) Lewiston, Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant--private family, cook--hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAR 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290992 S

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St. Joseph Hospital St.
(If born in hospital or institution give name.)

Registration District No. 220 State File No.
Prim. Registration District No. 96 Local Registrar's No.

2. FULL NAME OF CHILD Baby Kissinger

3. Sex: Male
If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —
6. Premature: Full term Yes
7. Legitimate? yes
8. Date of birth 2/6, 1940 (Month, Day, Year)

FATHER

9. Full name Kissinger James Leonard
10. Residence (usual place of abode) (If non-resident, give place and State) Sweetwater Ida
11. Color or race W | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Plummer, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Pitch Pine
16. Date (month and year) last engaged in this work at present, 1940
17. Total time (years) spent in this work 13 yrs.

MOTHER

18. Full maiden name Riggs, Grace Lucille
19. Residence (usual place of abode) (If non-resident, give place and State) Sweetwater Ida
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Clarkston Wash

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own Home
25. Date (month and year) last engaged in this work Present, 19
26. Total time (years) spent in this work 6

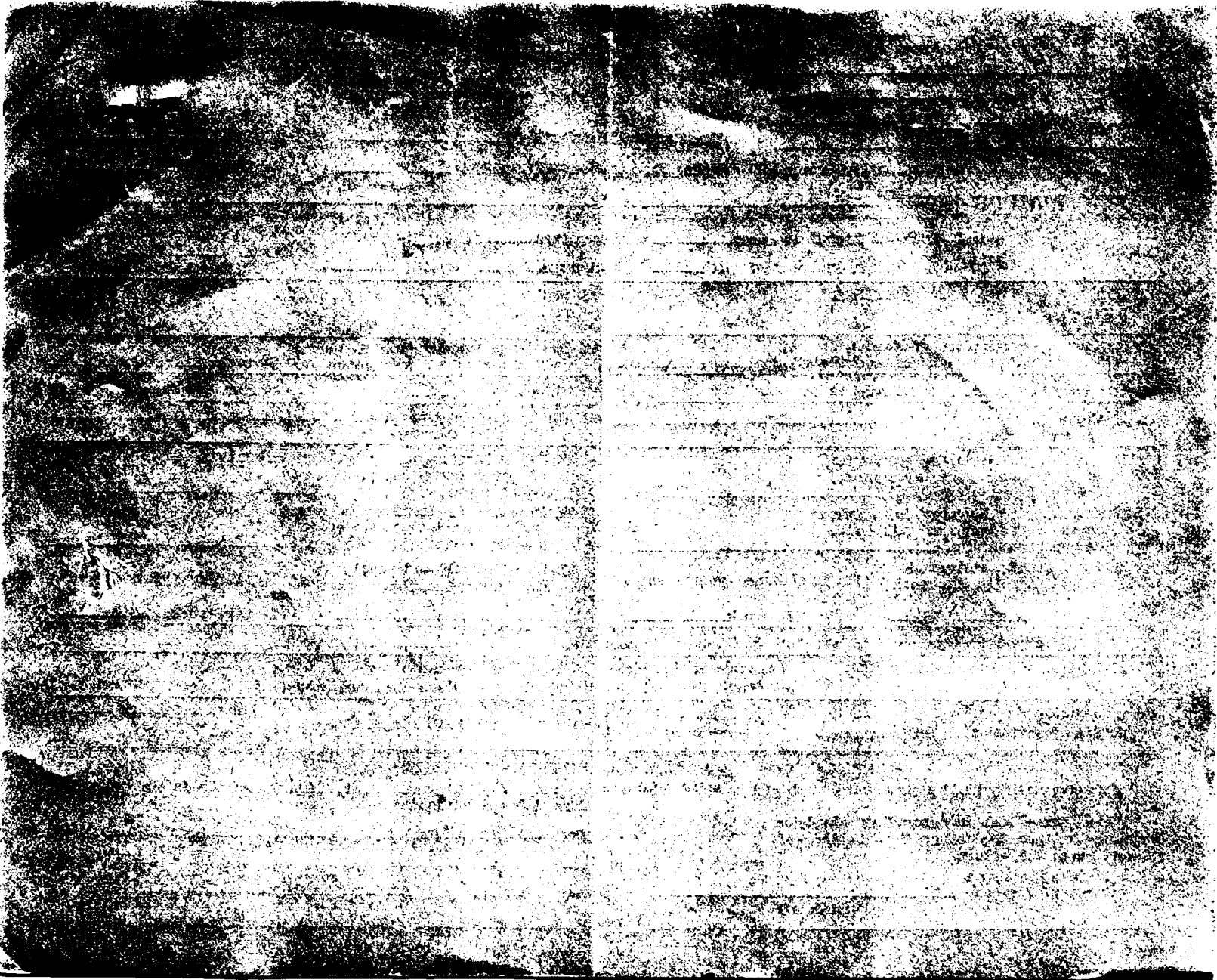
27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation full term months or weeks
30. Cause of stillbirth not known Before labor yes During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 7:30 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

(Signed) Donald D. McRobts, M. D.
or , Midwife
Address Lewiston, Idaho.
Filed March 6, 1940 Mae McGuire Mad
Registrar.



118260

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ....city or town
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. St. Joseph's Stayed ....days
(g) Lived in this county ....years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Sweetwater
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ....Outside? ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Son of Mr. & Mrs. J. L. Kissinger

3. (b) If veteran, name war ....
3. (c) Social Security No. ....
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ....
6 (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) February 6, 1940
8. **AGE**

Years	Months	Days	If less than 1 day
0	0	0	hrs 0 min.

9. Exact Occupation none — Did this work for ....yrs.
10. Industry or Business none — Date last worked ....
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name J. L. Kissinger
13. Birthplace Whitman County, Washington (City or town) (State or foreign country)

Mother
14. Maiden name Grace Riggs
15. Birthplace Clarkston, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. L. Kissinger
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1940 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address 141-9th St. Lewiston, Idaho
19. (a) Feb. 6, 1940 (Date received and filed) (b) Mark [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. ~~DATE OF DEATH~~ Born Dead
(Month, Day, Year) Feb. 6 1940
at 8:00 o'clock a. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 2/6 1940 to 2/6 1940
I last saw h. ~~in alive on~~ Born Dead; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Intra uterine Death — —
Full Term.
Due to Cause Unknown —
Due to —
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? Born Dead PHYSICIAN
Name of operation none Date ....
Major finding ....
Finding of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature Daniel D. McRoberts (M.D. or other)
and Address Clinic Lewiston Date 2/6 1940
(For additional space, use reverse side)

D. D. McRoberts.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Vincent O. Dussar Lic. No. 297 at Lewiston on 2/6/40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Castle Filer
No. ____ St. ____
(If born in hospital or institution give name) ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

290993

Registration District No. 27 State File No. ____
Prim. Registration District No. 461 Local Registrar's No. 163

2. FULL NAME OF CHILD Stillborn

3. Sex m | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature — Full term ____ | 7. Legitimate? yes | 8. Date of birth 2/22, 1940 (Month, Day, Year)

FATHER

9. Full name Fred Albert Taylor
10. Residence (usual place of abode) (If non-resident, give place and State) Filer, Idaho
11. Color or race W | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Logan County Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work Feb, 1940
17. Total time (years) spent in this work 15

MOTHER

18. Full maiden name Viola Blanchie Parker
19. Residence (usual place of abode) (If non-resident, give place and State) Filer, Idaho
20. Color or race W | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Logan County

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Feb., 1940
26. Total time (years) spent in this work 14 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 months (months or weeks)
30. Cause of stillbirth ____ Before labor Syphilis, ante ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 6:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

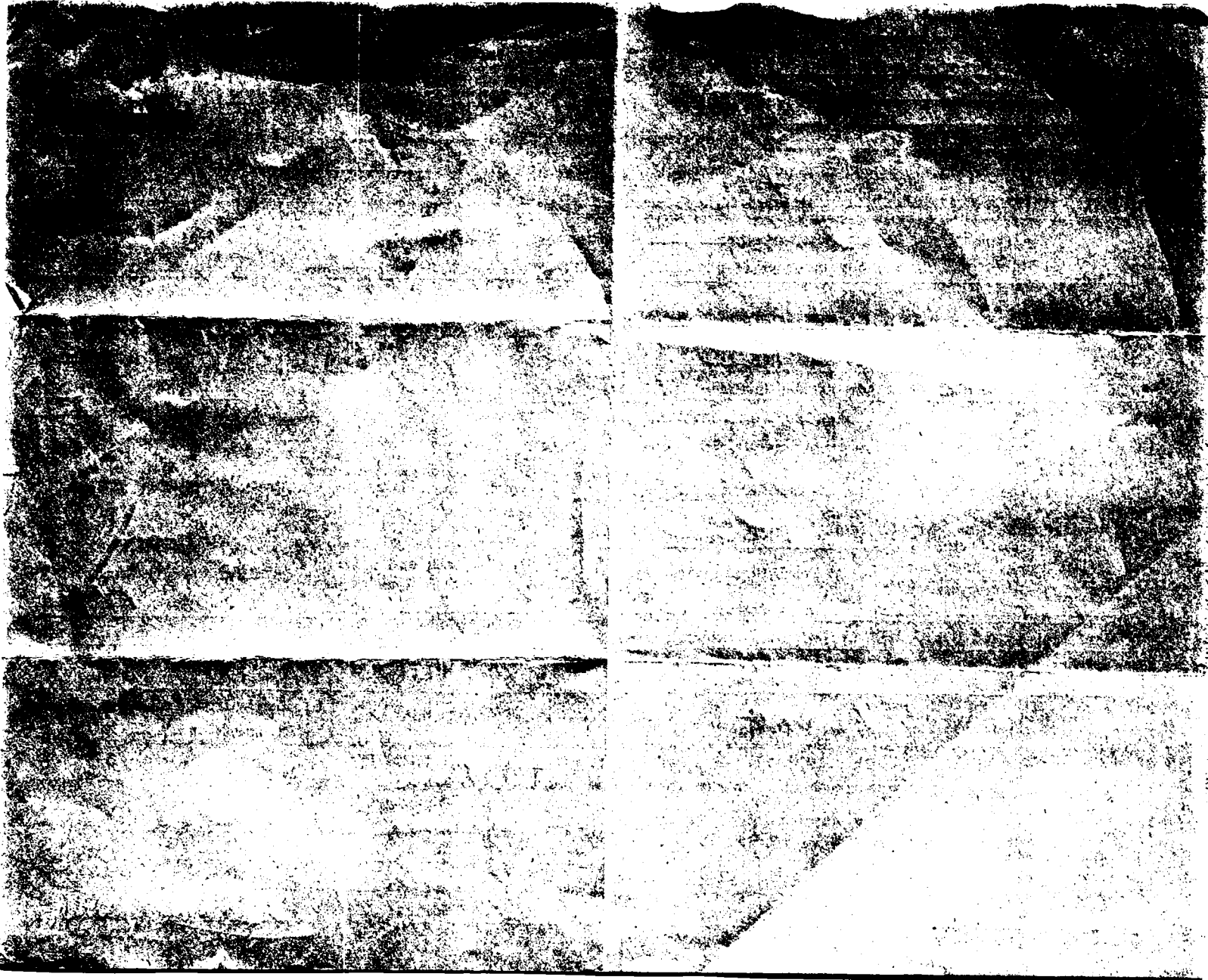
Give name added from a supplemental report ____ (Date of) ____

(Signed) James W. Creed, M. D.
or ____, Midwife
Address Filer, Ida.

Filed 3-5, 1940

Registrar.

Registrar



118261

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 118261
Local Reg. No. 47
Reg. Dist. No. 461

RECEIVED MAR 12 1940

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Twin Falls Co. Hosp. Stayed 1 days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho, (b) County Twin Falls
(c) City or town Filer, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? Yes years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Baby Taylor

3. (b) If veteran, name war —
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Stillborn
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Feb. 22, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	Stillborn

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Fred Taylor
13. Birthplace Guthrie, Okla. (City or town) (State or foreign country)

Mother
14. Maiden name Viola Parker
15. Birthplace Guthrie, Okla. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred C. Taylor and Address Filer, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery
18. Funeral Director's **OWN** Signature B. F. Albertson D. and Address Buhl, Idaho
19. (a) 2/24/40 (Date received and filed) (b) [signature] (Registrar)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/22/ 1940
at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Stillborn

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature James W. Creed, MD (M. D. or other)
and Address Filer, Ida. Date 2/24 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS *Not Embalmed.*

169 209 001 318

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 1617 N. 24th. St

The Salvation Army Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 292183

Registration District No. 370 State File No.

Prim. Registration District No. Local Registrar's No. 199

2. FULL NAME OF CHILD Anette Jordan

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
F	4. Twin, triplet, or other / 5. Number, in order of birth	Yes / Full term	Yes	3-9-40, 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Kenneth Randall Jordan	18. Full maiden name: Esther Taylor
10. Residence (usual place of abode) (If non-resident, give place and State): 613 N. 15th.	19. Residence (usual place of abode) (If non-resident, give place and State): 613 N. 15th.
11. Color or race: W | 12. Age at last birthday: 21 (years)	20. Color or race: W | 21. Age at last birthday: 18 (years)
13. Birthplace (city or place) (State or Country): Washington	22. Birthplace (city or place) (State or Country): Douglas, N. D.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19	25. Date (month and year) last engaged in this work ..., 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 1 (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ... { months or weeks

30. Cause of Stillbirth Monstrosity { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 12:26 A. M. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Howard M. Laughlin, M. D.

or ..., Midwife

Address

Give name added from a supplemental report

(Date of)

Filed 3-12, 1940 R. Sharp

Registrar.

Registrar.

Dr. Chaloupka

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11867
Local Reg. No. 79
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Sal. Army Maternity Hosp. Yrs.
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 1317 Alturas St.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) X

3. (a) **FULL NAME** BABY JORDAN (Annette)

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) March 9, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation Baby — Did this work for X yrs.
10. Industry or Business X — Date last worked X
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Kenneth R. Jordan
13. Birthplace Washington (City or town) (State or foreign country)

Mother
14. Maiden name Esther Dorine Taylor
15. Birthplace North Dakota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lucile R. Jordan
and Address 613 N. 15th Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-1940 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature D. McGrady
and Address Boise, Idaho
19. (a) 3-12-40 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 9, 1940 19
at o'clock M.

21. I, **HEREBY CERTIFY,** That I attended deceased from July 19 37 to March 9 19 40
I last saw her alive on March 9 19 40; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Hulbarn
Due to Prematurity
Due to
Other conditions (Include pregnancy within 3 months of death)
Syphilis congenital Jan. 1940
Where was disease first contracted? PHYSICIAN
Name of operation — Date
Major finding
Finding of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Edward M. Chaloupka (M. D. or other)
and Address 616 Eastman Date March 11, 1940
(For additional space see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

PRINT ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Lava Hot Springs
No. ____ St.
(If born in hospital or institution give name.)

RECEIVED
APR 4 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 232184

Registration District No. 511 State File No. 232184
Prim. Registration District No. ____ Local Registrar's No. 21

2. FULL NAME OF CHILD Kaye Noreen Headlee

3. Sex Female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature X Full term ____ | 7. Legitimate? yes | 8. Date of birth March 1, 1940 (Month, Day, Year)

FATHER

9. Full name Hugh Lavor Headlee
10. Residence (usual place of abode) (If non-resident, give place and State) Lava Hot Springs
11. Color or race W | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Mc Cammon Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. W. P. A.
16. Date (month and year) last engaged in this work Now, 19____ | 17. Total time (years) spent in this work 8 months

MOTHER

18. Full maiden name Lola Mae Smith
19. Residence (usual place of abode) (If non-resident, give place and State) Lava Hot Springs
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) St. Anthony Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Now, 19____ | 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 months or weeks | 30. Cause of stillbirth Placenta Previa { Before labor X / During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

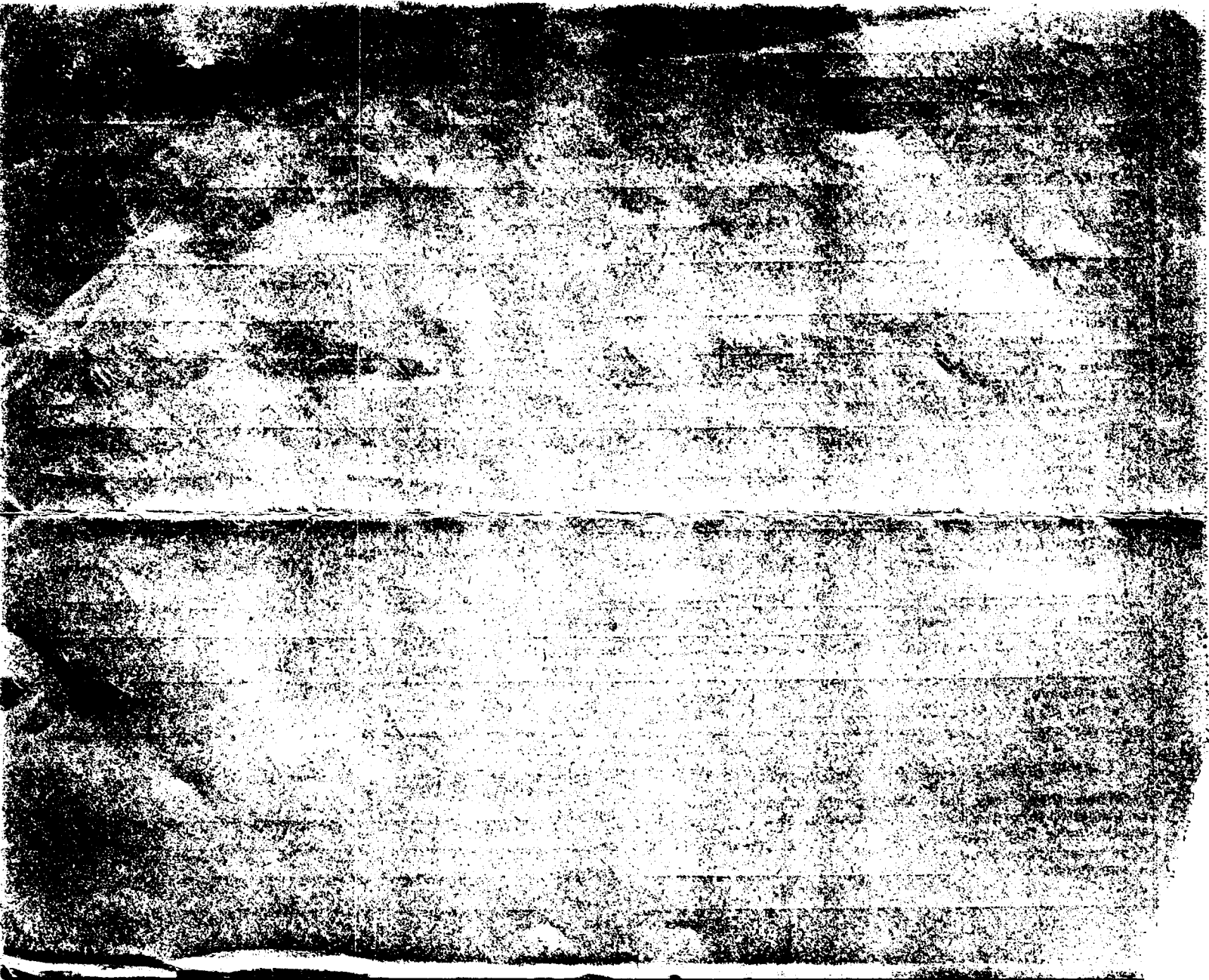
I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 7:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) C. A. Rich, M. D.
or ____, Midwife
Address Lava Hot Springs
Filed Mar-31, 1940 Mrs G. G. Fry Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Mr Social Security #

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 118679

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
RECEIVED APR 4 1940
Registration District No. 511
Primary Registration District No. ____ Local Registrar's No. 5
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kaye Noreen Headlee

(a) Residence. No. Lava Hot Springs St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 1, 1940
7. AGE: Years: Stillborn | Months: 6 Mo. | Days: Gestation | If LESS than 1 day, ____ hrs.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lava Hot Springs Idaho

FATHER
13. NAME: Hugh Lavor Headlee
14. BIRTHPLACE (city or town) (State or country): McCammon Ida

MOTHER
15. MAIDEN NAME: Iola Mae Smith
16. BIRTHPLACE (city or town) (State or country): St Anthony Ida

17. INFORMENT (Address): H Lavor Headlee Copy from Birth certificate
18. BURIAL, CREMATION, OR REMOVAL Place: Lava Hot Springs Date: March 2 1940
19. UNDERTAKER (Address): Had None
20. FILED 3-31-, 1940 Mrs. G. J. Fitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 1 1940
22. I HEREBY CERTIFY, That I attended deceased from ~~on~~ March 1, 1940, to ____, 193__
I last saw her alive on Dead on Arrival, 193__: death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(6 mo gestation)	
Placenta Previa	

Other contributory causes of importance:

None known	

Name of operation: None Date of:
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 193__
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify
(Signed) C A Rich M. D.
(Address) Lava Hot Springs Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May 1, 1923*

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

154 124 014 3965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
APR 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 2[illegible]

Registration District No. 360 State File No.

Prim. Registration District No. Local Registrar's No. 96

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. St.
General Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Boy Anderson

3. Sex male

If plural births: 4. Twin, triplet, or other? 2 5. Number, in order of birth #2

6. Premature? yes Full term? no

7. Legitimate? yes

8. Date of birth March 24 1940 (Month, Day, Year)

9. FATHER — Full name William Kyle Anderson

10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell R4

11. Color or race white 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or country) Virginia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work Present, 1940

17. Total time (years) spent in this work 10 yrs.

18. MOTHER — Full maiden name Mildred Pauline Greves

19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Ida

20. Color or race white 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or country) McLoud Texas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Present, 1940

26. Total time (years) spent in this work 8 mos.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead X (c) Stillborn 0

29. If stillborn, period of gestation 1 mo (months or weeks)

30. Cause of stillbirth Craniorachischisis

Before labor yes
During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born (Born alive or stillborn) at 7:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ____, Midwife

Address Caldwell

Give name added from a supplemental report ____ (Date of)

Filed 3-28-40, 19[illegible] [signature] Registrar.

____ Registrar.

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 10 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 118680
Local Reg. No. 47
Reg. Dist. No. 3-6

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital or Institution Other place
(f) Name Hosp. or Inst. Memorial Hosp. Stayed days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby anderson

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) March 24-1940

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	— hrs — min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Caldwell Idaho (City or town) (State or foreign country)

Father
12. Name Kyle Anderson
13. Birthplace Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Pauline Crewe
15. Birthplace Okla (City or town) (State or foreign country)

16. Informant's **OWN** Signature Kyle Anderson
and Address Caldwell Rt #4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-40 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature E. V. Peckham
and Address Caldwell Idaho
19. (a) 4/6/40 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 24 1940
at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from Mar 24 1940, to Mar 24 1940
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn 7 Mo. — Duration
Due to Craniorrhachischisis
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. S. Ross M.D. (M. D. or other)
and Address Caldwell Rt Date 3/27 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* *1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

693-124 018 964

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Orofino
No. Orofino Hospital St.
(If born in hospital or institution give name.)

RECEIVED APR 4 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 210 State File No. 292186
Prim. Registration District No. ____ Local Registrar's No. 21

2. FULL NAME OF CHILD MITCHELL LEROY WILLIAMS.

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M		no	✓	3-24, 1940

FATHER	MOTHER
9. Full name: JACK ELBERT WILLIAMS	18. Full maiden name: HAZEL LUCILLE RODGERS
10. Residence (usual place of abode) (If non-resident, give place and State): OROFINO	19. Residence (usual place of abode) (If non-resident, give place and State): OROFINO
11. Color or race: W | 12. Age at last birthday: 47 (years)	20. Color or race: W | 21. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or Country): TEXAS	22. Birthplace (city or place) (State or Country): HOWE IDAHO.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: LABORER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HW.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ____, 19__	25. Date (month and year) last engaged in this work: ____, 19__
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of stillbirth: ____ Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborne (Born Alive or Stillborn) at 7:15 P. m. on the date above stated.

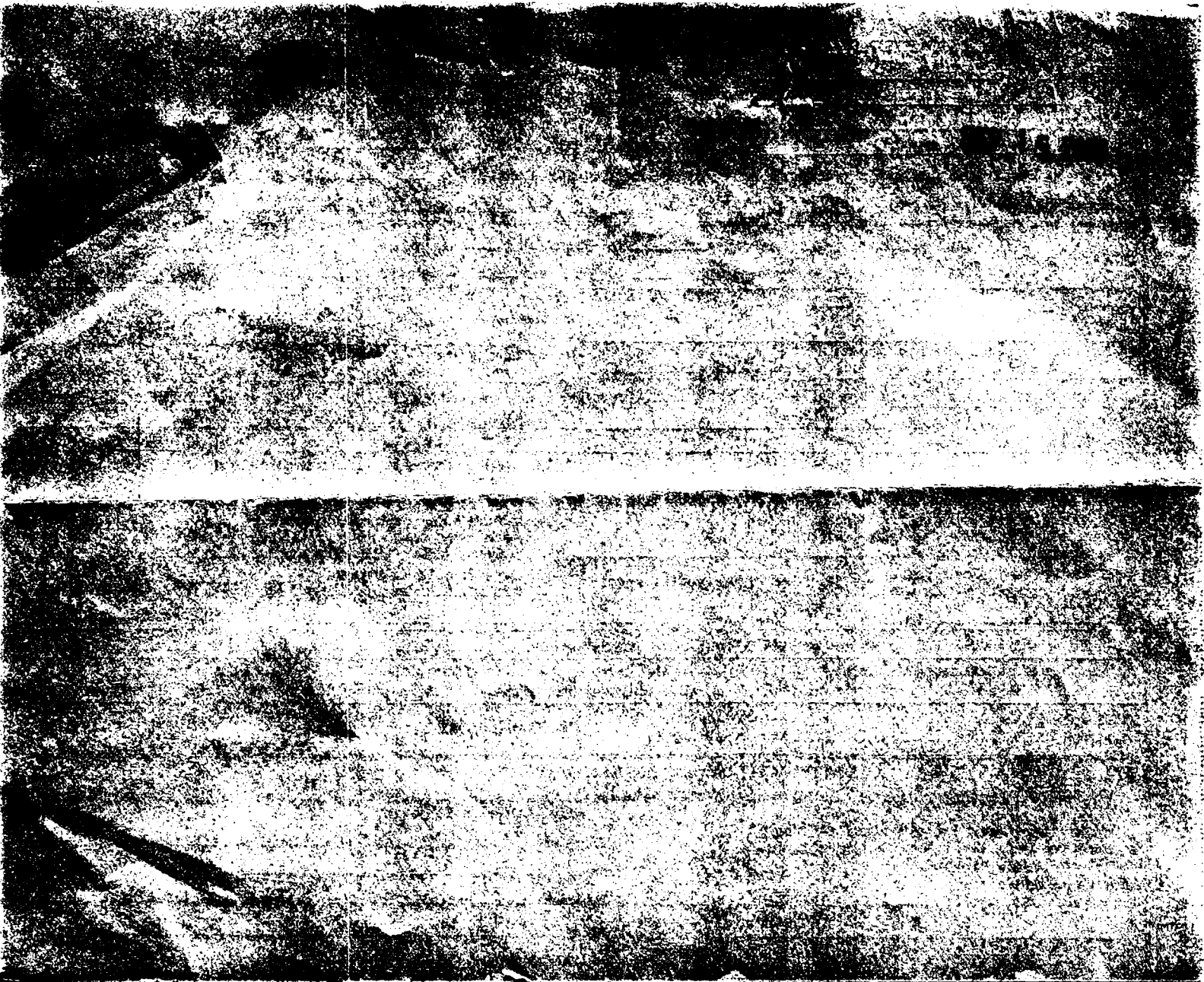
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) A. J. Hopkins, M. D.
or ____, Midwife
Address Orofino Hospital

Filed 3/27, 1940 H. A. Shaw
Registrar.

____
Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

RECEIVED APR 4 1940

State File No. 118681
Local Reg. No. 98
Reg. Dist. No. 3-10

1. PLACE OF DEATH:
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ... Hospital ✓ Institution ... Other place ...
(f) Name Hosp. or Inst Orofino Hosp. ... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State ..... (b) County .....
(c) City or town Stillborn
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Williams (Mitchell) LeRoy Williams

3. (b) If veteran, name war ——— 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife .....

6 (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) Mar. 24 1940

8. **AGE** — Years | Months | Days | If less than 1 day hrs min. — Stillborn

9. Exact Occupation Stillborn Did this work for ✓ yrs.

10. Industry or Business Stillborn Date last worked ✓

11. Birthplace Orofino (City or town) Idaho (State or foreign country)

Father
12. Name Jack Williams
13. Birthplace Cleburne (City or town) Texas (State or foreign country)

Mother
14. Maiden name Hazel Rodgers
15. Birthplace Orofino (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Jack Williams and Address Orofino Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 29 1940 (Month) (Day) (Year)
(c) Place: Orofino county plot

18. Funeral Director's **OWN** Signature George B. Blake and Address Orofino Idaho

19. (a) 3/29 (Date received and filed) (b) A. E. Green (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 24 1940
at 7:15 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 3/24/40 19 Stillborn 19
I last saw h..... alive on ..... 19 ..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Pneumonia, maternal	3/24/40
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. J. Hopkins (M. D. or other)
and Address Orofino Date 3/29 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

SEP 15 20[illegible]

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12-1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

249-228 054-365

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 4 20 State File No. 29218

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Gooding

City of Hendell

No. ..... St. N Valentine Loop

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Charlotte Surgeon

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
F			Yes	Yes	3/25, 1940

FATHER		MOTHER	
9. Full name	Oscar Vasent Surgeon	18. Full maiden name	Betty Jane Conklin
10. Residence (usual place of abode) (If non-resident, give place and State)	Jerome	19. Residence (usual place of abode) (If non-resident, give place and State)	Jerome
11. Color or race	W	20. Color or race	W
12. Age at last birthday	21 (years)	21. Age at last birthday	20 (years)
13. Birthplace (city or place) (State or Country)	Sheridan County Nebraska	22. Birthplace (city or place) (State or Country)	Burke, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Butcher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Meat Market	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Home
16. Date (month and year) last engaged in this work	3/25, 1940	25. Date (month and year) last engaged in this work	3/20, 1940
17. Total time (years) spent in this work	2 mo.	26. Total time (years) spent in this work	10 mo.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living — (b) Born alive but now dead — (c) Stillborn 1

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Reuben C. Matson M. D.

or ....., Midwife

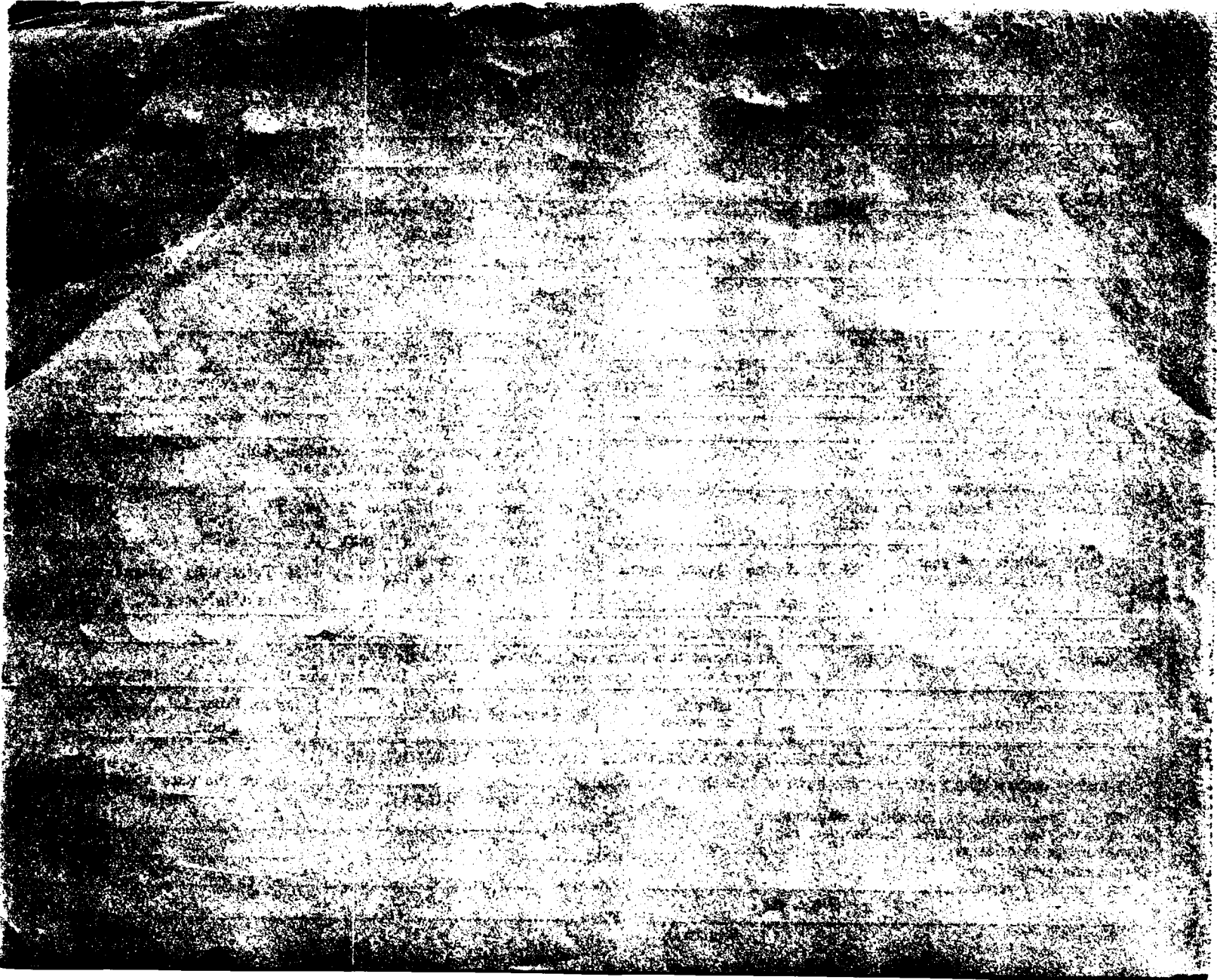
Address Jerome Ida

Filed 3/30, 1940 Lester M. Rose, O. S. B.
Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) Lester M. Rose, O. S. B.
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 118682
Local Reg. No.
Reg. Dist. No. 420

1. **PLACE OF DEATH**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Inside Outside? city or town
(e) Died in a Home Hospital or Institution Other place
(f) Name Hosp. or Inst. St. Valentines Stayed days
(g) Lived in this county Died at birth months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town Dead at birth.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Charlotte Surgeon

3. (b) If veteran, name war Infant
3. (c) Social Security No.
5. Color or
6. (a) Single, widowed, married, divorced
4. Sex F race white
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 3/28/40.

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	dead	at birth			

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wendell, Ida. (City or town) (State or foreign country)

Father
12. Name O. F. Surgeon.
13. Birthplace Valentine, Nebr. (City or town) (State or foreign country)

Mother
14. Maiden name Betty Jane Conklin.
15. Birthplace Bubl, Ida (City or town) (State or foreign country)

16. Informant's **OWN** Signature Oscar Forest Surgeon and Address Jerome Idaho
17. (a) Jerome, Ida. (Burial, cremation or removal) (b) Date thereof 3/30/40. (Month) (Day) (Year)
(c) Place:
18. Funeral Director's **OWN** Signature D. A. Stevenson and Address Jerome
19. (a) 3/30/40 (Date received and filed) (b) Lester M. Roy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-28 1940
at 5:00 o'clock P M.

21. I **HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h.. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn - Died during labor — Duration
Due to (Eclampsia) X — 12 hrs.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reuben C. Matson (M. D. or other)
and Address Jerome Ida. Date 3-29 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

391 202028 319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 1710 - N - 4th St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 292188

Registration District No. 120 State File No.
Prim. Registration District No. Local Registrar's No. 71

2. FULL NAME OF CHILD Constance Carol Crane

3. Sex F | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Yes (Full term 3 or 4 wks) | 7. Legitimate? Yes | 8. Date of birth 3/2, 1930 (Month, Day, Year)

FATHER

9. Full name John Allen Crane
10. Residence (usual place of abode) 1710 - N. - 4th - St. (If non-resident, give place and State) Coeur d'Alene
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) Plenty Wood, (State or Country) Montana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Virginia Katheryn Carroll
19. Residence (usual place of abode) 1710 - N - 4th St. (If non-resident, give place and State) Coeur d'Alene
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Webster, (State or Country) Wisconsin

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ..., 19...
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living [illegible] (b) Born alive but now dead — (c) Stillborn One

29. If stillborn, period of gestation Apparent 8 mo. { months or weeks
30. Cause of stillborn Unknown { Before labor Yes / During labor

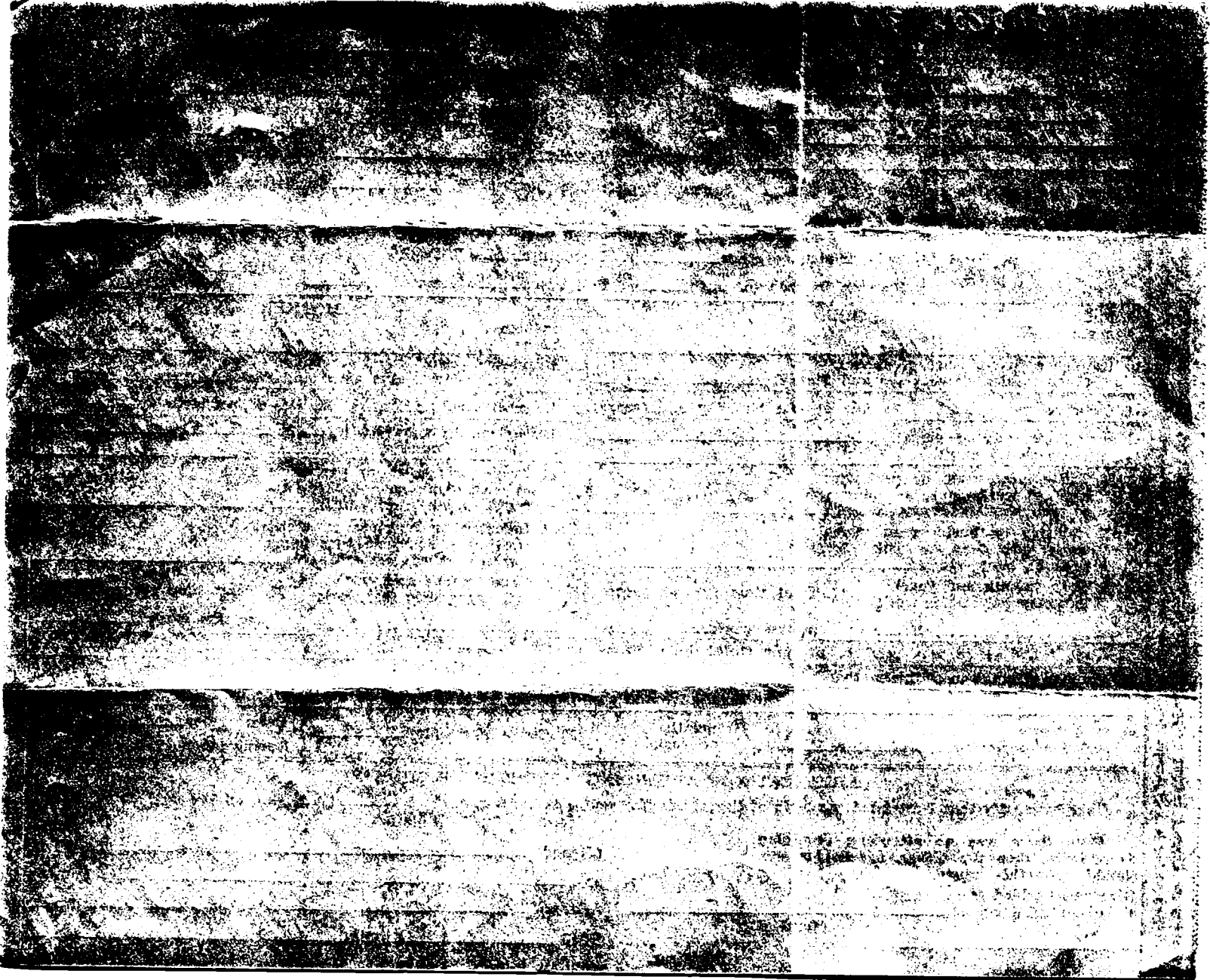
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:15 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)

(Signed) Dr. E. V. Teal, M. D.
or Midwife
Address Coeur d' Alene, Idaho
Filed 3-27, 1930 H. C. Simmons M.D.
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED APR

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 118683
Local Reg. No. 41
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 1710 - N. 4th
(d) Death Occurred Inside? X Outside? ... city or town
(e) Died in a Home X ... Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 1710 - N. 4th
(e) Deceased lived Inside? X Outside? ... city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Constance Carol Crane

3. (b) If veteran, name war — 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) 3 - 2 - 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs 0 min.

9. Exact Occupation — Did this work for ... yrs.

10. Industry or Business — Date last worked

11. Birthplace Coeur d'Alene (City or town) Idaho (State or foreign country)

Father
12. Name John Crane
13. Birthplace Plentywood (City or town) Mont. (State or foreign country)

Mother
14. Maiden name Virginia Carroll
15. Birthplace Wheeling (City or town) W. Va. (State or foreign country)

16. Informant's **OWN** Signature John Crane and Address 1710 - 4th Coeur d'Alene

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 4 - 1940 (Month) (Day) (Year)
(c) Place: Coeur d'Alene, Idaho

18. Funeral Director's **OWN** Signature C. Wendt Sons and Address Coeur d'Alene Ida.

19. (a) 3.4.40 (Date received and filed) (b) H. Trewcombe, M.D. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3 - 2 1940 at ... o'clock P. M. did not

21. I **HEREBY CERTIFY**, That I attended deceased from 3-7 1940, to 3-2 1940. I last saw ~~him~~ her alive on 3-2 1940.; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature, Stillborn	
Due to Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? — PHYSICIAN
Name of operation ... Date ...
Major finding —
Finding of autopsy —
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ... Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature O. H. Teed M.D. (M. D. or other)
and Address Coeur d'Alene Ida. Date 3-4 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
APR 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 292189

1. PLACE OF BIRTH
County of KOOTENAI
City of COEUR D ALENE
No. ____ St. ____
LAKESIDE HOSPITAL
(If born in hospital or institution give name.)

Registration District No. 120 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 82

2. FULL NAME OF CHILD Baby Moen

3. Sex MALE

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ✓ Full term ____

7. Legitimate? YES

8. Date of birth MAR 22, 1940 (Month, Day, Year)

FATHER

9. Full name CLIFFORD MOEN

10. Residence (usual place of abode) Kootenai County (If non-resident, give place and State) COEUR D'ALENE

11. Color or race W | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) N. DAKOTA

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PLUMBER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. PLUMBING BUSINESS

16. Date (month and year) last engaged in this work MARCH, 1940

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name MYRTLE MOE

19. Residence (usual place of abode) Kootenai County (If non-resident, give place and State) COEUR D ALENE

20. Color or race W | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) IOWA

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME

25. Date (month and year) last engaged in this work MARCH, 1940

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NONE

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 MONTHS { months or weeks

30. Cause of Stillbirth { During labor ____ Before labor ECLAMPSIA

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was STILLBORN at 11:00 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) Robert W. VanDam, M. D.
or ____, Midwife
Address Coeur d' Alene, Idaho
Filed 3.27, 1940 H. L. Newcombe Jr. Registrar.

Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 118684
Local Reg. No. 51
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d' Alene
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. Lakeside Hosp. Stayed 0 days
   (g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d' Alene
   (d) Street Address or R. F. D. No. Lakeview Court
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) If foreign born, in U. S. — yrs. Citizen of U. S.? Yes
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Infant — (Male) Moen.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) March 22, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs 0 min.

9. Exact Occupation None — Did this work for — yrs.
10. Industry or Business None — Date last worked —
11. Birthplace Coeur d' Alene (City or town) Idaho (State or foreign country)

Father
12. Name Clifford Moen
13. Birthplace — (City or town) North Dakota (State or foreign country)

Mother
14. Maiden name Myrtle Moe
15. Birthplace — (City or town) Iowa (State or foreign country)

16. Informant's **OWN** Signature Clifford Moen
and Address Lakeview Court
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23 1940 (Month) (Day) (Year)
(c) Place: Forest Cemetery Coeur d'Alene
18. Funeral Director's **OWN** Signature [illegible]
and Address Coeur d'Alene Idaho
19. (a) 3 2 3 40 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 22 1940
at 11:10 o'clock A M.

21. I **HEREBY CERTIFY,** That I attended deceased from March 22 1940, to March 22 1940
I last saw h. l.m. ~~alive~~ STILLBORN 3/22/40; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
STILL BORN	
Due to ECLAMPTIC TOXEMIA	
OF MOTHER	1 MO
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? —
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Robert W. Vandown M D (M. D. or other)
and Address Coeur d'Alene Date Mar 22 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

T shall SIGN HIS OWN NAME under
ıenticate the facts stated under items 1 to 15,
case of facts taken from hospital or public
rson authorized to release the facts shall sign
ıddition to giving the source of information.

\L DIRECTOR is responsible for completing
tificate, obtaining the signatures of the IN-
the OFFICIAL last in attendance on the
HIS OWN signature.

RAR can issue a burial or removal permit
eceiving a completed death certificate, includ-
URES in BLACK ink under items 16, 18

Idaho law, it is a misdemeanor to

›ply *false information* to any one connected
g a death certificate;

ıse to certify to the cause of death on request
ı charge of the disposition of the deceased;

y the body of a deceased person WITHOUT
mit being FIRST obtained from the local
ıe district WHERE THE DEATH OC-

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

USE OF DEATH:	Duration
al hemorrhage	*1 day*
Skull fracture	*1 day*
Auto accident	*1 day*
Multiple fractures	*1 day*

ithin 3 months of death)
first contracted? *Public place*
Exp. Craniotomy Date *11-12-45*
Middle meningeal hemorrhage
Cerebral hemorrhage
multiple skeletal fractures
o EXTERNAL CAUSES, also fill in the
ıt?.. *yes*.... Suicide?..... Homicide.....
.....1945 City, county, state
ırred.....*Boise, Ada, Idaho*.....
Home..... Farm..... Industry.....
es..... While at work?.....*yes*.....
.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia*	*2 years*

(Include pregnancy within 3 months of death)
Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;*
generalized carcinomatosis
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state
where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

ıder direction of..... Lic. No. ..... at ..... on .....
ARKS .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH --
County of Latah
City of Potlatch
No. Dry Creek St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 292190

Registration District No. 209 State File No.
Prim. Registration District No. 2145 Local Registrar's No. 8

2. FULL NAME OF CHILD

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Feb. 10, 1940 (Month, Day, Year)

FATHER

9. Full name Robert E. McLain
10. Residence (usual place of abode) (If non-resident, give place and State) Benewah Co. Ida
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer P.W.A.
16. Date (month and year) last engaged in this work Oct., 1939 | 17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Martha Ellen Krauelt
19. Residence (usual place of abode) (If non-resident, give place and State) Benewah Co. Ida
20. Color or race W | 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Latah County, Ida

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ., 19 | 26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 9 mo. (months or weeks) | 30. Cause of stillbirth Footling + unattended (Before labor / During labor ✓)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born stillborn at 4 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. R. Jacobs, M. D.
or , Midwife
Address Potlatch, Idaho

Give name added from a supplemental report
(Date of)
Registrar.

Filed 2-15, 1940 Edwin Engle
Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 118685
Local Reg. No. 16
Reg. Dist. No. 208

1. **PLACE OF DEATH:**
(a) County ..... Latah
(b) City or town ..... Pullman
(c) Street Address or R. F. D. No. .....
(d) Death Occurred Inside? Am. Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ..... Idaho ..... (b) County ..... Benewah .....
(c) City or town ..... Pullman .....
(d) Street Address or R. F. D. No. ..... Rural Pullman Rt
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Mc Laren

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Pullman Idaho (City or town) (State or foreign country)

Father
12. Name Robert F. Mc Laren
13. Birthplace ..... (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Martha Ellen Kincaid
15. Birthplace ..... (City or town) Latah Co. Idaho (State or foreign country)

16. Informant's **OWN** Signature Mrs Robert F Mc Laren
and Address Genesee Idaho
17. (a) At home (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: .....
18. Funeral Director's **OWN** Signature Robert F Mc Laren
and Address Genesee Idaho
19. (a) Mar 13 1940 (Date received and filed) (b) Mrs F C Gibson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 19 40
at ..... o'clock ..... M.

21. I **HEREBY CERTIFY**, That I attended deceased from ..... 19 ....., to ..... 19 .....
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still born — Duration .....
Due to Breech. .....
Due to ....
Other conditions ....
(Include pregnancy within 3 months of death)
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. B. Jacobs M. D.
(M. D. or other)
and Address Potlatch, Ida. Date 3-13 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*
multiple skeletal fractures

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;*
generalized carcinomatosis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Genesee
No. ____ St. ____
(If born in hospital or institution give name.)

RECEIVED APR 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

Registration District No. 201 State File No. 292191
Prim. Registration District No. ____ Local Registrar's No. 1079

2. FULL NAME OF CHILD Stillbirth Meyers

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? ✓
8. Date of birth Mar. 28, 1940 (MONTH, DAY, YEAR)

FATHER

9. Full name Fred Henry Meyer
10. Residence (usual place of abode) (If non-resident, give place and State) Genesee
11. Color or race W
12. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or country) Genesee, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Implement Shop
16. Date (month and year) last engaged in this work 3-28, 1940
17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Goldie A. Burch
19. Residence (usual place of abode) (If non-resident, give place and State) Genesee
20. Color or race W
21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or country) Moscow, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work 3-27, 1940
26. Total time (years) spent in this work 14

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn 1
28. If stillborn, period of gestation 8 months or weeks
29. Cause of stillbirth Premature Asphyxiation
Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (BORN ALIVE OR STILLBORN) at 10:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. J. White, M. D.
or ____, Midwife
Address Genesee Idaho

Give name added from a supplemental report ____ (DATE OF)

Filed 4-2, 1940 Hans Eastland
Registrar.

____
Registrar.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED APR 11 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 118686
Local Reg. No. 128
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? yes Outside? ....city or town
   (e) Died in a Home ....Hospital, Institution ....Other place ....
   (f) Name Hosp. or Inst. Gritman ....Stayed.....days
   (g) Lived in this county.....years.....months.....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDA. (b) County LATAH
   (c) City or town GENESEE
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? .....city or town
   (f) If foreign born, in U. S. .....yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? .....years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Stillbirth Meyer

3. (b) If veteran, name war.....
3. (c) Social Security No. none
4. Sex. FEMALE race WHITE
5. Color or
6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife.....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Mar. 28, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation..... Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Moscow (City or town) IDA (State or foreign country)

Father
12. Name Fred Henry Meyer
13. Birthplace Genesee, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Goldie A. Burch
15. Birthplace Moscow, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred H. Meyer
and Address Genesee, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30, '40 (Month) (Day) (Year)
(c) Place: Genesee, Idaho
18. Funeral Director's **OWN** Signature W. P. Short
and Address Moscow, Idaho
19. (a) 4-2-40 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar. 28, 1940
at.....o'clock .....M.

21. I **HEREBY CERTIFY**, That I attended deceased from .....19....., to 3/28 1940
I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Fetal asphyxiation (cord twice around neck)	
Due to	
Other conditions Premature (Include pregnancy within 3 months of death)	
Separation of placenta.	

Where was disease first contracted?
Name of operation..... Date.....
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

23. Attendant's **OWN** Signature A. J. Steele M.D. (M. D. or other)
and Address Genesee, Ida. Date 3/29, 1940

(For additional space, use reverse side)

certificate on file in the ofnce of a local registrar.

ce of Death

attention should be given to the satisfactory com-
EACH portion of this item. The city or town and
ess or route number refer to PLACE WHERE
TH OCCURRED. For deaths occurring in hos-
rnity homes, or institutions, the name of the place
of stay MUST be stated. For deaths occurring in
me, "Home" should be checked. For deaths occur-
ighway, in a business house, on the street, at work,
place" should be checked.

ual Residence of Deceased

less of the fact that the person may have lived his
t the place of death, ALWAYS COMPLETE ALL
F THIS ITEM. In case a person has resided in
where death occurred for less than one year, give
FORMER RESIDENCE. The post office of the
ay be in a county or state other than the county of
ence. For those having a former IDAHO residence,
are should be taken to state the correct COUNTY
gth of residence in IDAHO.

TE CAUSE OF DEATH:	Duration
postatic pneumonia	*7 days*
cer of stomach	*2 years*
tions.....*Secondary anemia*..... (gnancy within 3 months of death)	*2 years*

disease first contracted?.....*Idaho*.....
eration.....*Gastroenterostomy*..... Date....*11-12-45*.....
g.....*Cancer of pylorus of stomach*.....
utopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....
s due to EXTERNAL CAUSES, also fill in the
Accident?..... Suicide?..... Homicide?.....
.....19..... City, county, state
ce occurred.....
lence: Home..... Farm..... Industry.....
..... While at work?.....
njury.....

..... at..... on.....
.....
.....
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED APR 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 292192

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. ____ St.
St. Sutherland's Hosp.
(If born in hospital or institution give name.)

Registration District No. 630 State File No. ____
Prim. Registration District No. 2128 Local Registrar's No. 29

2. FULL NAME OF CHILD ____

3. Sex Female | If plural births {4. Twin, triplet, or other ____ 5. Number, in order of birth ____} | 6. Premature ✓ Full term ____ | 7. Legitimate? Yes | 8. Date of birth March 20, 1940 (Month, Day, Year)

FATHER

9. Full name Carl W. Anderson
10. Residence (usual place of abode) (If non-resident, give place and State) Ashton Ida
11. Color or race W | 12. Age at last birthday 51 (years)
13. Birthplace (city or place) (State or Country) Preston Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work at present, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Harriet Rowberry
19. Residence (usual place of abode) (If non-resident, give place and State) Ashton Ida
20. Color or race W | 21. Age at last birthday 43 (years)
22. Birthplace (city or place) (State or Country) Rexburg Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work at present, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% Mercurochrome

28. Number of children of this mother Eight (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn 1

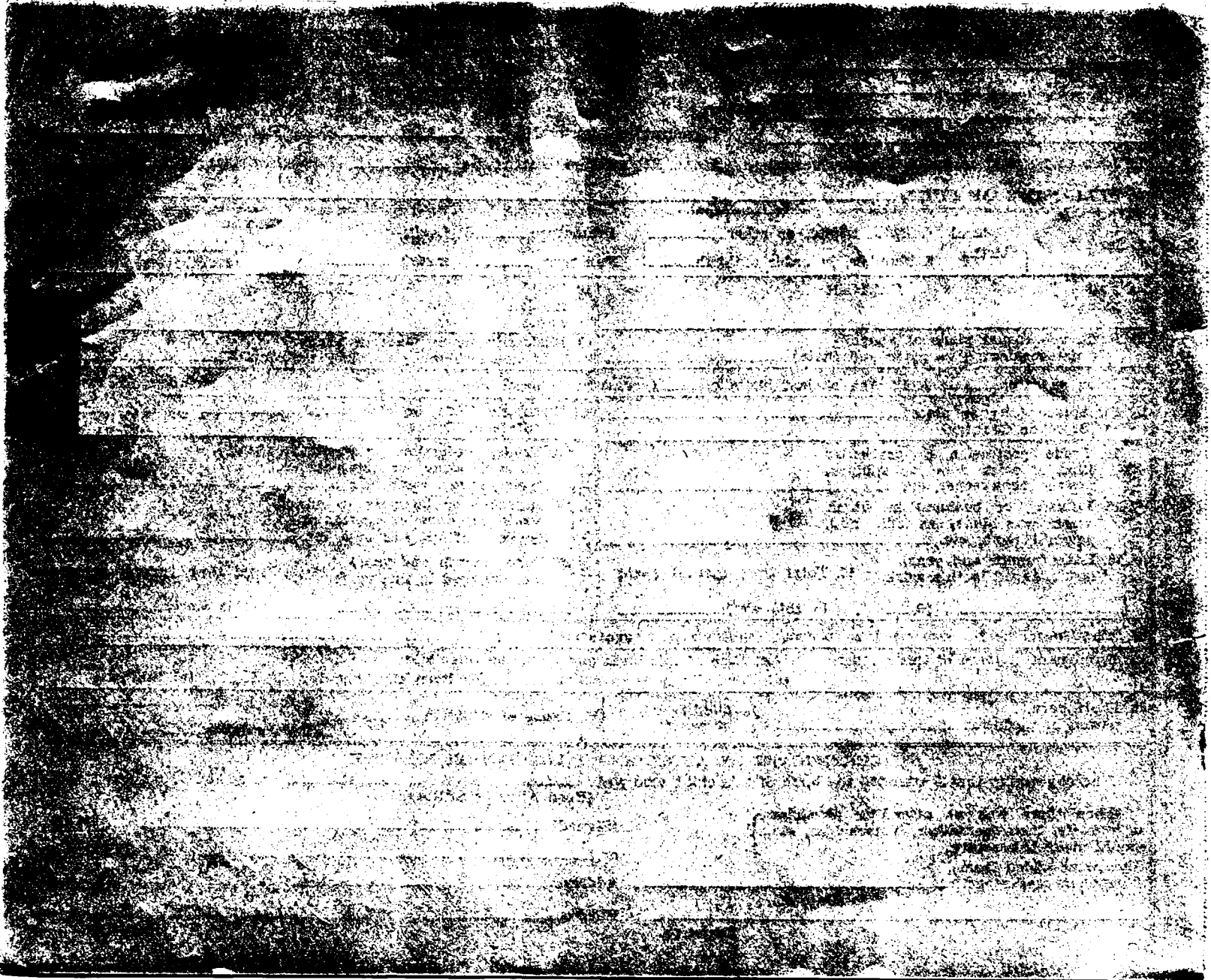
29. If stillborn, period of gestation Seven mths {months or weeks} | 30. Cause of stillbirth Albuminuria of mother {Before labor K During labor ____}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 3 30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) M. J. Rigby, M. D.
or ____, Midwife
Address Rexburg
Filed 4-9, 1940 Mrs. Hayes Registrar.



United States
Department of Commerce
Bureau of the Census

REC[illegible]
APR 11 [illegible]

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 118687
Local Reg. No. 15
Reg. Dist. No. 630

1. **PLACE OF DEATH:** Madison
   (a) County .....
   (b) City or town Rexburg
   (c) Street Address or R. F. D. No. .....
   (d) Death Occurred Inside? Insi Outside? .....city or town
   (e) Died in a Home ....Hospital....Institution ....Other place ....
   (f) Name Hosp. or Inst. Sutherland .....Stayed.....days
   (g) Lived in this county .....years.....months.....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State ..... (b) County .....
   (c) City or town .....
   (d) Street Address or R. F. D. No. .....
   (e) Deceased lived Inside? .....Outside? .....city or town
   (f) If foreign born, in U. S. .....yrs. Citizen of U. S.? .....
   (g) How long had deceased lived in Idaho? .....years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** (Still Born)Anderson

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 3/20/40

8. AGE	Years	Months	Days	If less than 1 day hrs min.

9. Exact Occupation ..... Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Rexburg Idaho. (City or town) (State or foreign country)

Father
12. Name Carl. A. Anderson
13. Birthplace Burton Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Harriet Rowberry
15. Birthplace Hibbard, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Carl W Anderson and Address Ashton Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3.21/40 (Month) (Day) (Year)
    (c) Place: Ashton Idaho.
18. Funeral Director's **OWN** Signature Lewis Kiser and Address Ashton Idaho
19. (a) 3-21-40 (Date received and filed) (b) Thos N Edgerly (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20 1940 at 4:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from (Stillbirth) 19..., to ...19...
    I last saw h..... alive on .....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to undetermined	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature M. F. Deig M.D. (M. D. or other)
    and Address Rexburg Idaho Date 3/21 1940
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
APR 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH - 292193

Registration District No. 631 State File No.

Prim. Registration District No. 2178 Local Registrar's No. 76

1. PLACE OF BIRTH
County of Madison
City of Archer
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ~ | 7. Legitimate? yes | 8. Date of birth March 27, 1940 (Month, Day, Year)

FATHER

9. Full name Raymond Grover
10. Residence (usual place of abode) (If non-resident, give place and State) Archer Ida
11. Color or race W | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Archer Ida

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work life

MOTHER

18. Full maiden name Katie Arborella Browning
19. Residence (usual place of abode) (If non-resident, give place and State) Archer Ida
20. Color or race W | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or Country) Lorenzo Ida

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% mercurochrome

28. Number of children of this mother Eleven (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn 2

29. If stillborn, period of gestation 9 mths (months or weeks)

30. Cause of stillbirth prolapse of cord | Before labor | During labor ~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 1:00 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

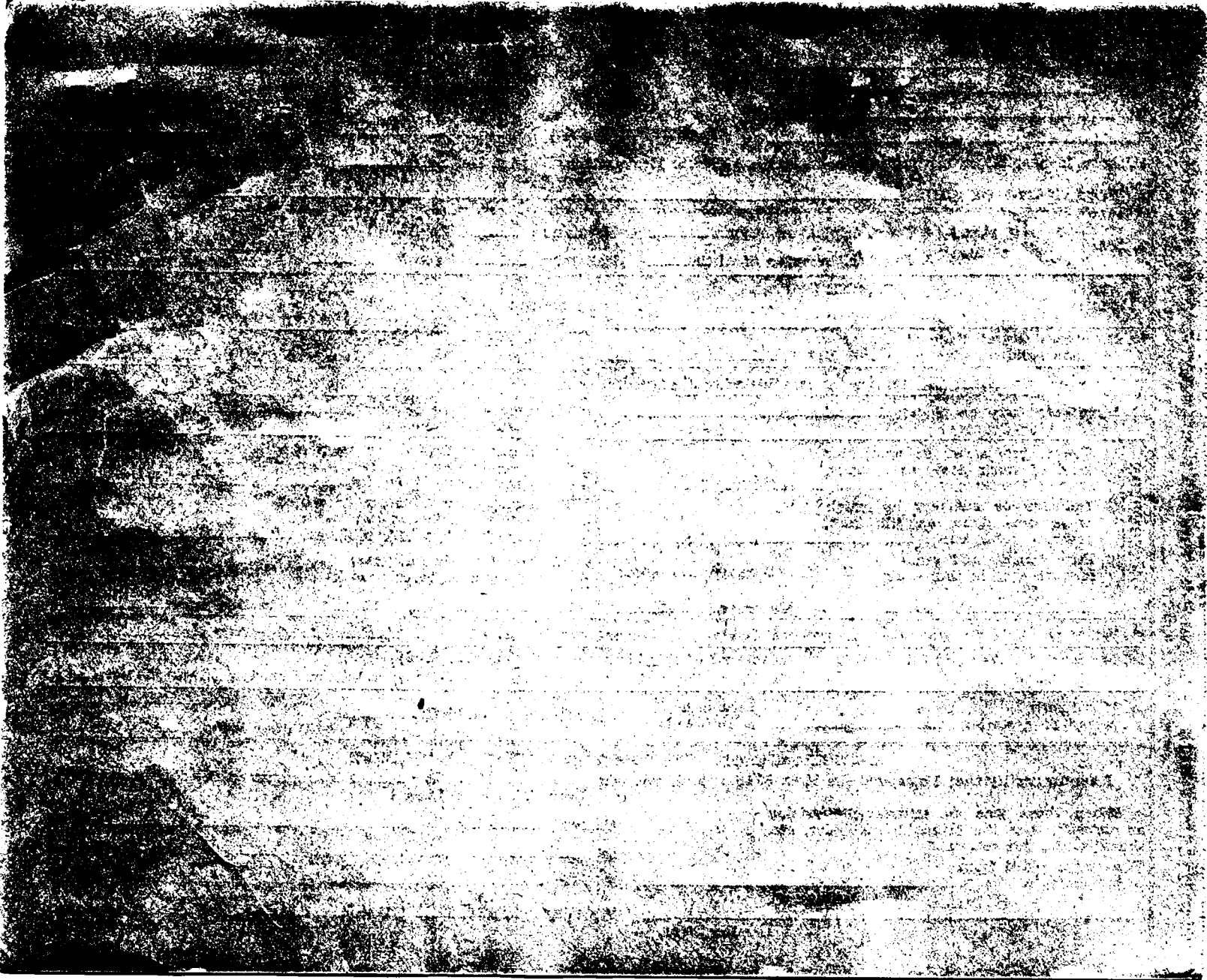
Give name added from a supplemental report

(Date of)

Registrar.

(Signed) W. J. Rigby, M. D.
or ____, Midwife
Address Rexburg

Filed 4-8, 1940 Myo H Espenett Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 118688
Local Reg. No. 17
Reg. Dist. No. 131

1. **PLACE OF DEATH:** APR 11
   (a) County Madison
   (b) City or town Archer
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.? ✓
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Stillborn

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 27, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Archer (City or town) Idaho (State or foreign country)

Father
12. Name Raymond Grover
13. Birthplace Lyman (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Katie Browning
15. Birthplace Lorenzo (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Edmond Grover
and Address Teton Idaho
17. (a) Archer Cemetery (Burial, cremation, or removal) (b) Date thereof 3/28/40 (Month) (Day) (Year)
(c) Place:
18. Funeral Director's **OWN** Signature Russell H. Gamm
and Address Rexburg Idaho
19. (a) 3-28-1940 (Date received and filed) Mrs. R. Eggleston (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 27 1940
at 1:20 o'clock P.M.

21. I **HEREBY CERTIFY**, That I attended deceased from Still born to 19
I last saw h. ~~was~~ alive on March 27 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
Stillborn
Due to undetermined
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. J. Wright M.D.
(M. D. or other)
and Address Rexburg Idaho March 29 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. Smelterville St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 6 1940

CERTIFICATE OF BIRTH

S

Registration District No. 142 State File No. 292194
Prim. Registration District No. ____ Local Registrar's No. 41

2. FULL NAME OF CHILD Baby Boy Baldwin

3. Sex M | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Mar. 26, 1940 (Month, Day, Year)

FATHER

9. Full name George Baldwin
10. Residence (usual place of abode) (If non-resident, give place and State) Smelterville
11. Color or race W. | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Mar., 1940 | 17. Total time (years) spent in this work 4 yrs.

MOTHER

18. Full maiden name Iva Biddle
19. Residence (usual place of abode) (If non-resident, give place and State) Smelterville
20. Color or race W. | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 9 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation Full time { months or weeks | 30. Cause of stillbirth Not known { Before labor Yes During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 7 a. m. on the date above stated.

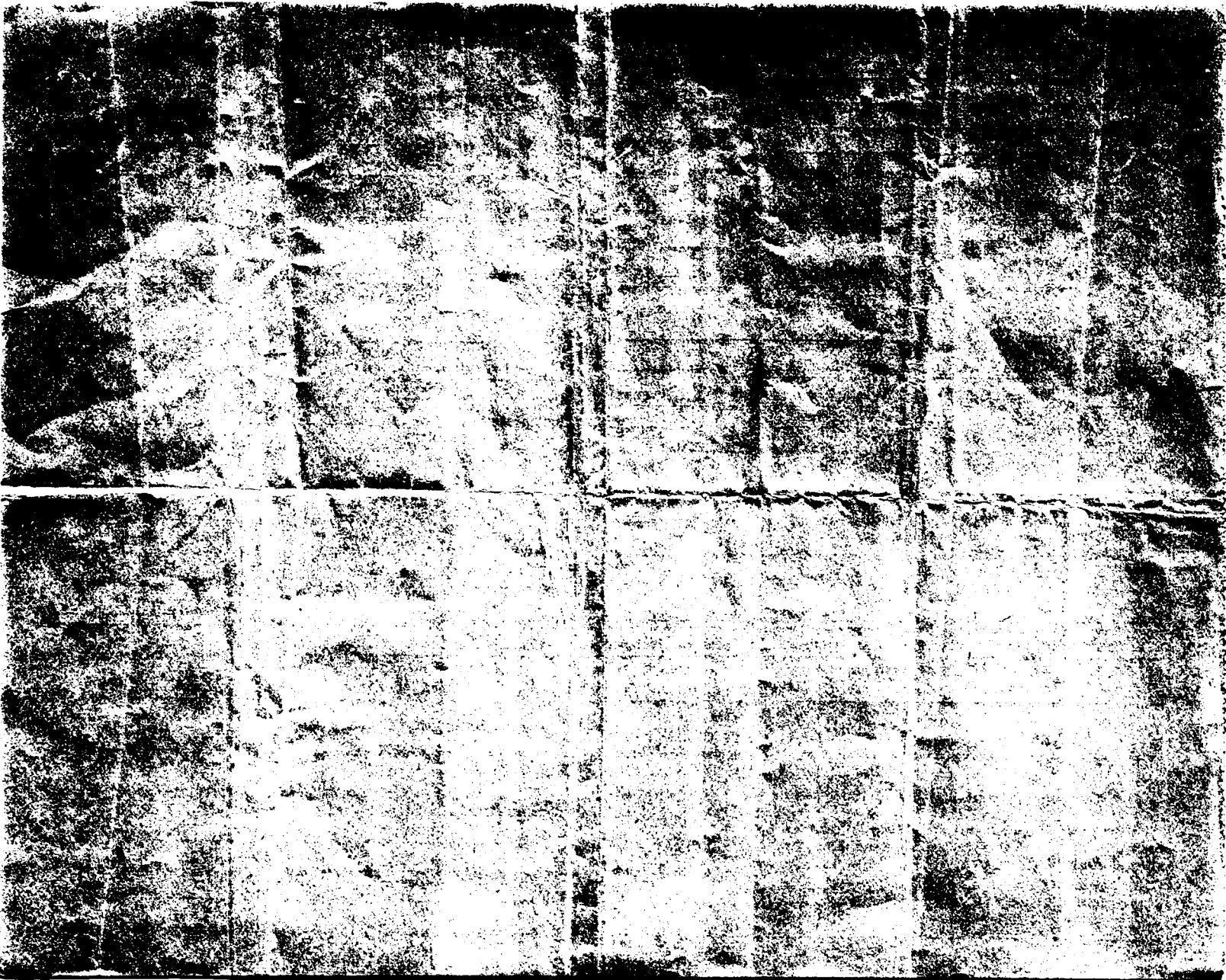
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or Mrs. Alva Dudley, Midwife
Address ____

Filed Mar. 30, 1940 Mrs. Helen McBride Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

RECEIVED APR 6 1940

State File No. 11868
Local Reg. No.
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County SHOSHONE
(b) City or town SMELTERVILLE
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State — (b) County —
(c) City or town —
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) —

3. (a) **FULL NAME** BABY BALDWIN

3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) MAR. 26 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace SMELTERVILLE, IDAHO (City or town) (State or foreign country)

Father
12. Name G. W. BALDWIN
13. Birthplace LINCOLN (City or town) NEBRASKA (State or foreign country)

Mother
14. Maiden name IVA MAE BIDDLE
15. Birthplace THORPE (City or town) WISE (State or foreign country)

16. Informant's **OWN** Signature George W. Baldwin
and Address SMELTERVILLE IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 26-40 (Month) (Day) (Year)
(c) Place: KINGSTON IDAHO
18. Funeral Director's **OWN** Signature NONE
and Address
19. (a) MAR. 29-1940 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) MAR. - DAY UNKNOWN 19 40
at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: STILLBORN DUE TO — Duration
KNOT IN CORD INTER
Due to RUPTION OF FETAL
CIRCULATION
Due to
Other conditions
(Include pregnancy within 3 months of death) DEATH OCCURRED BEFORE LABOR
UNPREVENTABLE
Where was disease first contracted? —
Name of operation — Date
Major finding —
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home — Farm — Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. E. Herr MD (M. D. or other)
and Address Date 3-29 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

As was stated on reverse side the exact date that death occurred is unknown. I was called to the home after the baby had been born --I found that there was a square knot in the cord--and it had apparently interrupted the fetal circulation--causing the death. The mother said that she had not felt "life" since March 21st, and that seemed about correct--as the baby was in a partial state of decomposition--and the skin was beginning to come off the body. The date of the baby's birth was March. 26th, 1940.

Marion E. Herr, D.O.
Hutton Bldg. Kellogg, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 292195

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. County General Hospital St.
(If born in hospital or institution give name.)
Registration District No. 462 State File No.
Prim. Registration District No. Local Registrar's No. 182

2. FULL NAME OF CHILD Carolyn [illegible] Williamson

3. Sex: Female
If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —
6. Premature — Full term Yes
7. Legitimate? Yes
8. Date of birth 3-3, 1940 (Month, Day, Year)

FATHER

9. Full name: Charles Walter Williamson
10. Residence (usual place of abode) 420 Main S. Twin Falls Ida
(If non-resident, give place and State)
11. Color or race W. | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) Steamboat Springs
(State or Country) Colo.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Manager
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery Co.
16. Date (month and year) last engaged in this work Present 1940.
17. Total time (years) spent in this work 2 yrs.

MOTHER

18. Full maiden name: Clara Louise Clemens
19. Residence (usual place of abode) 420 Main S. Twin Falls Ida
(If non-resident, give place and State)
20. Color or race W. | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) Jamestown
(State or Country) Colorado

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Present 1940
26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1%

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks
30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

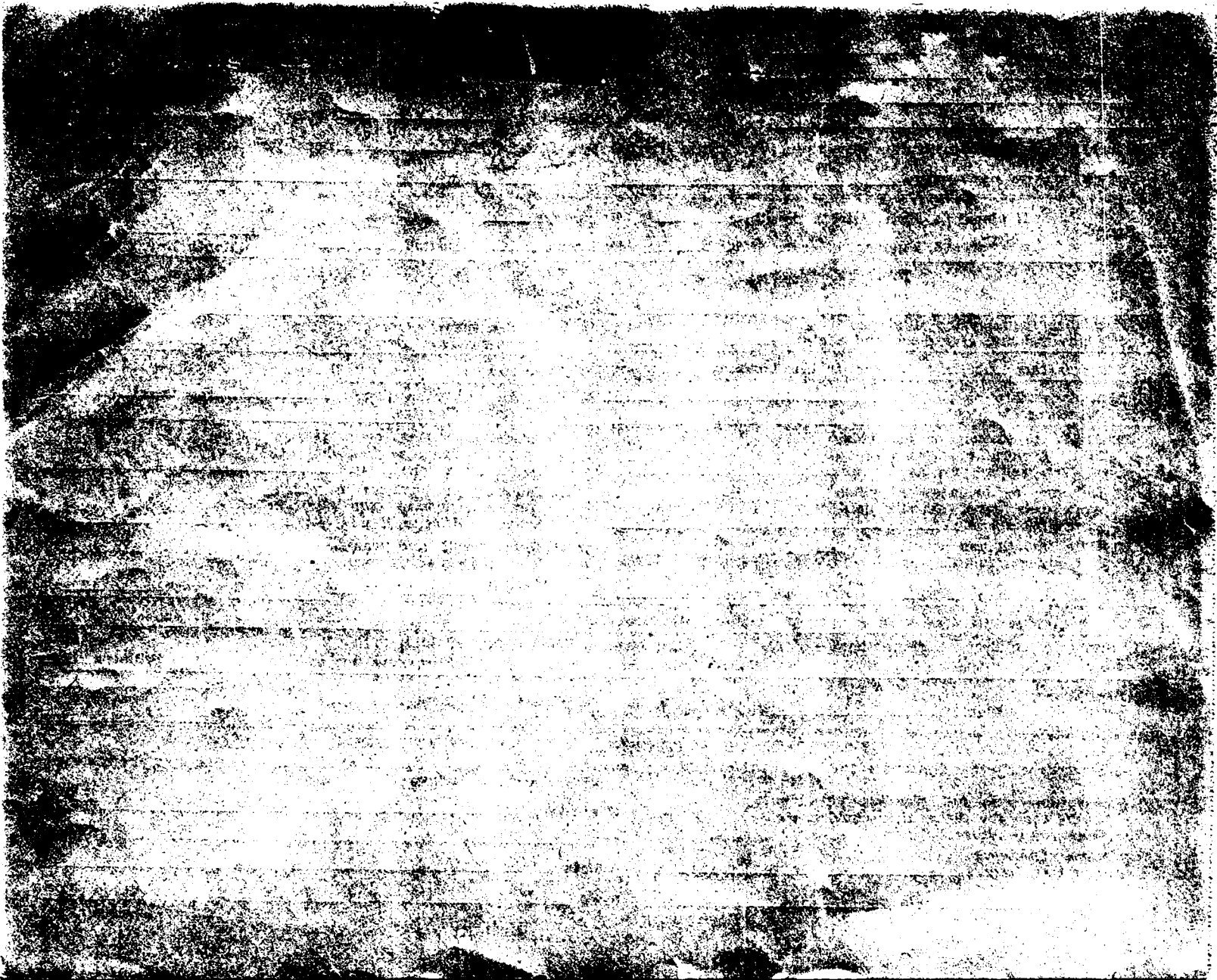
I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 5 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

(Signed) Dean H Affleck, M. D.
or ..., Midwife
Address 231-4th Ave N
Filed 4-4, 1940

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 118690
Local Reg. No. 56
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 35-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Twin Falls Co. Gen. Stayed days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 420 Main Ave N.
   (e) Deceased lived Inside? X Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Carolyn Lee Williamson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 3, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Chas. W. Williamson, Jr.
13. Birthplace Steamboat Springs, Colo. (City or town) (State or foreign country)

Mother
14. Maiden name Clara Louise Clemens
15. Birthplace Jimtown, Colorado (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. W. Williamson Jr.
and Address 420 Main Ave N.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/40 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature Dean C. Reynolds
and Address Twin Falls, Idaho
19. (a) Mar 7 1940 (Date received and filed) (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 3, 1940
at 5:05 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from March 3 1940 to March 3 1940
I last saw her alive on March 3 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillborn
probably due to
Due to asphyxia
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Dean V. Affleck (M. D. or other)
and Address Twin Falls, Ida Date 3/4/ 1940
(For additional space, use reverse side)

in the ofnce of a local registrar.

be given to the satisfactory com-
this item. The city or town and
ıber refer to PLACE WHERE
D. For deaths occurring in hos-
ıstitutions, the name of the place
: stated. For deaths occurring in
ld be checked. For deaths occur-
ıess house, on the street, at work,
checked.

)eceased

at the person may have lived his
ı, ALWAYS COMPLETE ALL
In case a person has resided in
rred for less than one year, give
DENCE. The post office of the
or state other than the county of
ıving a former IDAHO residence,
:n to state the correct COUNTY
IDAHO.

)EATH:	Duration
	7 days
	2 years
ary anemia (of death)	*2 years*

cted?.....*Idaho*.....
erostomy..... Date....*11-12-45*.....
)ylorus of stomach.....
)ar pneumonia;.....
eneralized carcinomatosis.....
)AL CAUSES, also fill in the
ıicide?..... Homicide?.....
.....19..... City, county, state
.....
.. Farm..... Industry.....
.... While at work?.....
.....

..... on.....
.....
.....
.....

This body embalmed under the direction of
James C. Reynolds, License # E-279, at Twin Falls, Idaho,
on March 4, 1940.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 292196

Registration District No. 460 State File No.

Prim. Registration District No. Local Registrar's No. 247

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. County Farm (T.F.) St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Margaret Elizabeth Hollon

3. Sex: Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature X (BMR) Full term Legitimate? Yes

8. Date of birth May 12 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Austin Hollon	18. Full maiden name: Hazel Priscilla Dingle
10. Residence (usual place of abode) (If non-resident, give place and State): 1247 Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): T.W. Falls
11. Color or race: Wh.	12. Age at last birthday: 31 (years)
20. Color or race: Wh.	21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Alta Mont Kans	22. Birthplace (city or place) (State or Country): San Francisco Calif
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: Mar, 1940	17. Total time (years) spent in this work
25. Date (month and year) last engaged in this work: Mar, 1941	26. Total time (years) spent in this work: 9yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 mos (months or weeks)

30. Cause of Stillbirth: mother had flu-pneumonia — Before labor X — During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 11 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) Valda B Fredericksen M. D.

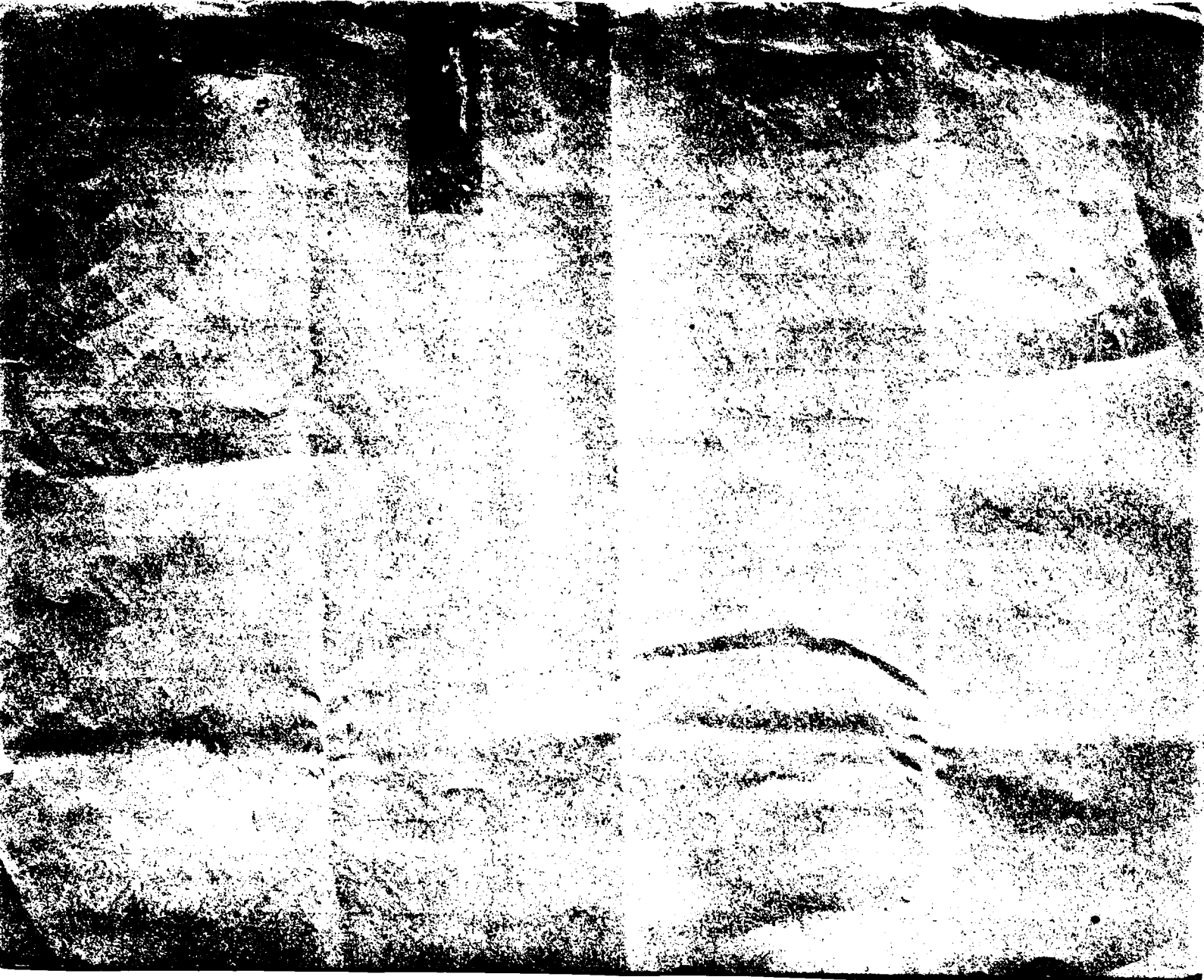
or Midwife

Address 228 Main Ave So T.W. Falls

Filed 4-16, 1940

Registrar.

Registrar.



118691

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 118691
Local Reg. No. 68
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Kimberly
(c) Street Address or R. F. D. No. R.F.D. 1
(d) Death Occurred Inside? ... Outside? X ... city or town
(e) Died in a Home ... Hospital ... Institution X ... Other place ...
(f) Name Hosp. or Inst. T.F. Co Farm Stayed — days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in thes
(a) State Idaho (b) County T. F.
(c) City or town Kimberly
(d) Street Address or R. F. D. No. R.F.D. 1
(e) Deceased lived Inside? ... Outside? X ... city
(f) If foreign born, in U. S. — yrs. Citizen of U. S. —
(g) How long had deceased lived in Idaho? 0
(h) Former residence (city, state) ——

3. (a) **FULL NAME** Baby Margaret Elizabeth Hollon

3. (b) If veteran, name war — 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) March 12, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	0	0		

9. Exact Occupation Infant — Did this work for — yrs.
10. Industry or Business — — Date last worked —
11. Birthplace Kimberly (City or town) Idaho (State or foreign country)

Father
12. Name John Hollon
13. Birthplace Altamont (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Hazel Dingle
15. Birthplace San Francisco (City or town) California (State or foreign country)

16. Informant's **OWN** Signature John D. Hollon
and Address 1246-7th Ave E. City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 13 (Day) 40 (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature L. C. Hullings
and Address Twin Falls, Idaho
19. (a) (Date received and filed) (b) (Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 12, 1940
at ... o'clock ... M.

21. I **HEREBY CERTIFY,** That I attended deceased from Mar 12 19 40, to Mar 12 1940
I last saw h. alive on ... 19 ...;
said to have occurred on the date and hour stated above.

Immediate Cause of Death:
Still-born
Macerated fetus
Due to Influenza - Maternal
Due to —
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation ... Date ...
Major finding
Finding of autopsy

22. If death was due to **EXTERNAL CAUSES,** also fill following: Accident? ... Suicide? ... Homicide
Occurred ... 19 ... City, coun
where violence occurred
Place of Violence: Home ... Farm ... Industry
Public Place ... While at work?
Means of injury

23. Attendant's **OWN** Signature Valda B. Friendly M.D.
(M. D. or other)
and Address 228 Maiden So Date Mar 13
(For additional space, use reverse side)

Twin Falls, Ida

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia*; *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of S. C. Phillips Lic. No. E263 at Twin Falls on 3-12-40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St Alphonsus St. Hospital

RECEIVED
MAY 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 293270

Registration District No. 370 State File No.

(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No. 308

2. FULL NAME OF CHILD Gene Henry Leydet (Stillborn)

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M		✓	Yes.	Feb. 29th, 1940

	FATHER	MOTHER
9. Full name	Henry Lewis Leydet	18. Full maiden name: Berdine Hazel Baker
10. Residence (usual place of abode) (If non-resident, give place and State)	MT. Home - Ida.	19. MT - Home - Ida.
11. Color or race / 12. Age at last birthday (years)	W / 28	20. W / 21. 21
13. Birthplace (city or place) (State or Country)	Reno Nevada.	22. Boise Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer.	OCCUPATION 23. House-Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Farm	24. Home
16. Date (month and year) last engaged in this work / 17. Total time (years) spent in this work	Feb 29th, 1940 / 16 yrs.	25. Feb., 1940 / 26. 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 1%

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 6 months / Months / Weeks

30. Cause of Stillbirth Placenta abrupta Typhoid During labor / Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:00 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. W. Ford, M. D.
or Dr. Midwife
Address

Give name added from a supplemental report
(Date of)
Registrar.

Filed 4-23, 1940 R. Sharp
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11910
Local Reg. No. 70
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mt. Home
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** BABY LEYDET (Jean Henry Leydet)

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Premature
6. (b) Name of husband or wife X
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) February 29, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation X — Did this work for yrs.
10. Industry or Business X — Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Henry Leydet
13. Birthplace Reno, Nevada (City or town) (State or foreign country)

Mother
14. Maiden name Berdine Baker
15. Birthplace Boise, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eric Bagley
and Address Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-1-1940 (Month) (Day) (Year)
(c) Place: Mountain Home, Idaho
18. Funeral Director's **OWN** Signature W. A. Meyer
and Address Boise, Idaho
19. (a) 3-2-40 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 29, 1940 19
at 2:00 o'clock P M.

21. I **HEREBY CERTIFY,** That I attended deceased from Feb 29 1940 to 19
I last saw h alive on Mar 1 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Premature labor due to typhoid fever in mother
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. B. Torchmoe (M. D., or other)
and Address Boise Ida Date Mar 2 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Information taken from death certificate

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 293271

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Ada
City of Boise
No. home St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Smith, Bruce Leon

3. Sex M

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? Yes

8. Date of birth Mar 16, 1940 (Month, Day, Year)

FATHER

9. Full name Donald Leon Smith

10. Residence (usual place of abode) (If non-resident, give place and State) 411 Thatcher

11. Color or race Wh | 12. Age at last birthday ____ (years)

13. Birthplace (city or place) Wellington (State or Country) Texas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Belia Dixon

19. Residence (usual place of abode) (If non-resident, give place and State) same

20. Color or race Wh | 21. Age at last birthday ____ (years)

22. Birthplace (city or place) ____ (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation 4 months { months or weeks

30. Cause of stillbirth unknown { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alfred Budger, Mr., M. D.

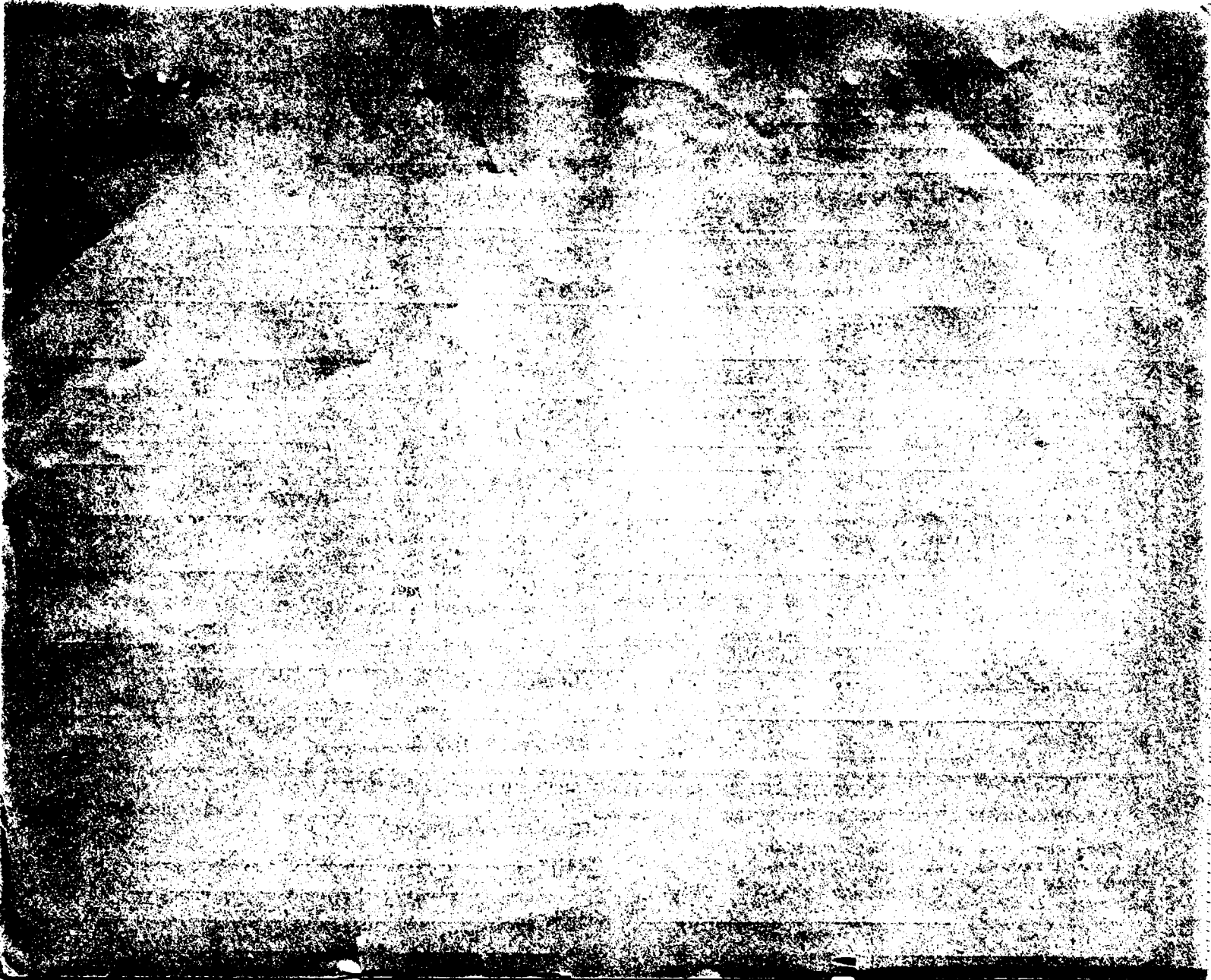
or ____, Midwife

Address Boise, Idaho

Give name added from a supplemental report ____ (Date of) ____

Filed May 16, 1940, 193__ Mae G. Atwood Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 113103
Local Reg. No. 90
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 411, Thatcher
(d) Death Occurred Inside? x Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Alphonsus If not in hospital or institution, length of stay in this place ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 411, Thatcher
(e) Deceased lived Inside? x Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Bruce Leon Smith

3. (b) If veteran, name war ***
3. (c) Social Security No. ***
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ***
6 (c) Age of husband or wife if alive *** years
7. Date of Birth (Month, Day, Year) March, 16- 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Donald Leon Smith
13. Birthplace Wellington, Texas (City or town) (State or foreign country)

Mother
14. Maiden name Belia Dixon
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Donald Leon Smith
and Address 411 Thatcher, Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18 1940 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Summers Funeral Home Clyde E. Brumbaugh
and Address Boise, Idaho
19. (a) 3-19-40 (Date received and filed) (b) L. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March, 16, 1940 ..... 19 .....
at ..... o'clock ..... M.

21. I **HEREBY CERTIFY**, That I attended deceased from December 6 1939, to March 18 1940
I last saw h..... alive on ..... 19 ..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Still Birth appx 4 months	
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? None
Name of operation none Date 3/16/40
Major finding Foetus
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Alfred Bunge Jr. M.D.
(M. D. or other)
and Address ..... Date ..... 19 .....
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12-1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise Idaho
No. St Alphonsus Hospital
(If born in hospital or institution give name.)

RECEIVED
MAY 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

Registration District No. 370 State File No. 29327
Prim. Registration District No. Local Registrar's No. 288

2. FULL NAME OF CHILD Judy Mae Vitt

3. Sex F | If plural births { 4. Twin, triplet, or other | 5. Number, in order of birth 1 | 6. Premature Yes Full term 9 months | 7. Legitimate? Yes | 8. Date of birth 3-19-40, 1940 (Month, Day, Year)

FATHER

9. Full name Paul Edward Vitt
10. Residence (usual place of abode) (If non-resident, give place and State) 307 East Hays
11. Color or race W | 12. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work To date, 1940
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mary Angeline Vitter
19. Residence (usual place of abode) (If non-resident, give place and State) Same
20. Color or race W | 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Boise Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work To date, 1940
26. Total time (yeafs) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1
29. If stillborn, period of gestation 3rd months or weeks
30. Cause of Stillbirth Placenta Abruptio During labor Placenta Abruptio Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 50 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F B Privett, M. D.
or , Midwife
Address Boise Idaho

Give name added from a supplemental report
(Date of)
Registrar.

Filed 4-13, 1940 N. Clark
Registrar.

MAY I SEE - CERTIFICATE OF BIRTH

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119104
Local Reg. No. 94
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 1307 E. Hays St.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Alphonsus Stayed ..... days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 1307 E. Hays
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Judy Mae Hite

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Mar. 19th. 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Paul Edward Hite
13. Birthplace Canton (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Mary Vitley
15. Birthplace Boise (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Paul E. Hite
and Address 1307 E. Hays St. Boise Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/1940 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schneider McCann Mortuary
and Address Boise
19. (a) 3-21-40 (Date received and filed) (b) R. B. Karp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Born dead 3/19/40 19.....
at .....o'clock .....M.

21. I **HEREBY CERTIFY,** That I attended deceased from .....19....., to.....19.....
I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Death due to Premature separation of placenta. — Duration .....
Due to Time not known. .....
Due to Birth 1pm 3/19/40. .....
Other conditions ....
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred .....19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature L. B. Powell (M. D. or other)
and Address Boise Ida. Date 3-20 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink on BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

certificate on file in the ofnce of a local registrar.

ace of Death

l attention should be given to the satisfactory com- EACH portion of this item. The city or town and ress or route number refer to PLACE WHERE ATH OCCURRED. For deaths occurring in hos- ernity homes, or institutions, the name of the place of stay MUST be stated. For deaths occurring in ome, "Home" should be checked. For deaths occur- ighway, in a business house, on the street, at work, r place" should be checked.

sual Residence of Deceased

dless of the fact that the person may have lived his at the place of death, ALWAYS COMPLETE ALL)F THIS ITEM. In case a person has resided in where death occurred for less than one year, give FORMER RESIDENCE. The post office of the ay be in a county or state other than the county of lence. For those having a former IDAHO residence, care should be taken to state the correct COUNTY gth of residence in IDAHO.

TE CAUSE OF DEATH:	Duration
postatic pneumonia	*7 days*
cer of stomach	*2 years*
tions *Secondary anemia* (nancy within 3 months of death)	*2 years*

disease first contracted? *Idaho*

ration *Gastroenterostomy* Date *11-12-45*

g *Cancer of pylorus of stomach*

utopsy *Lobar pneumonia;* *generalized carcinomatosis*

s due to EXTERNAL CAUSES, also fill in the Accident? Suicide? Homicide?

19 City, county, state

ce occurred

lence: Home Farm Industry

While at work?

njury

at on

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello, Idaho
No. St. Anthony's Mercy St. Hosp.
(If born in hospital or institution give name.)

RECEIVED MAY 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 293273
Prim. Registration District No. 511 Local Registrar's No. 232

2. FULL NAME OF CHILD (Stillborn)

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature Yes / Full term NO	7. Legitimate? yes	8. Date of birth Feb 5, 1940 (Month, Day, Year)
Female				

	FATHER	MOTHER
9. Full name	Ralph Dwight Veach	
18. Full maiden name		Verna Arvilla Baxter
10. Residence (usual place of abode) (If non-resident, give place and State)	154 Taft - Pocatello	
19. Residence (usual place of abode) (If non-resident, give place and State)		154 Taft - Pocatello
11. Color or race	W	
12. Age at last birthday	25 (years)	
20. Color or race		W
21. Age at last birthday		21 (years)
13. Birthplace (city or place) (State or Country)	Idaho Falls, Idaho	
22. Birthplace (city or place) (State or Country)		Shelley, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Service Station Attendant	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Golob Oil Co.	
16. Date (month and year) last engaged in this work	present-, 1940	
17. Total time (years) spent in this work	1 yr.	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		own home
25. Date (month and year) last engaged in this work		present, 1940
26. Total time (years) spent in this work		1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 1st, (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 20 ~~months~~ or weeks

30. Cause of stillbirth Injury — Before labor Yes / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:30 A. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

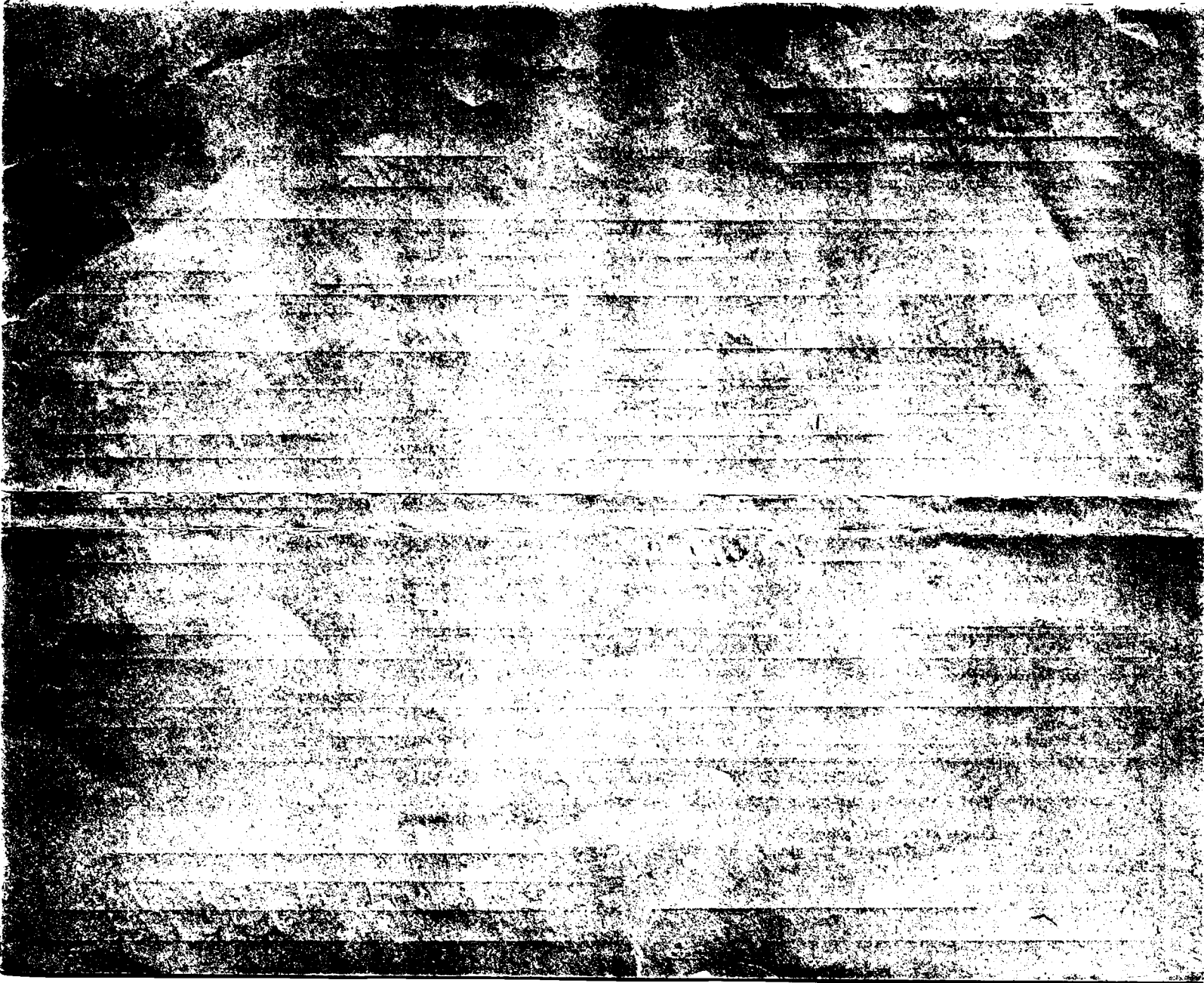
(Signed) F. S. Miller, M. D.

or ____, Midwife

Address 310 E. Center St., Pocatello

Filed 5-7, 1940

Registrar. D C Ray Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 119105
Local Reg. No. 32
Reg. Dist. No. 28

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Veach

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 5, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	Stillborn		hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Pocatello Co (City or town) (State or foreign country)

Father
12. Name Ralph Veach
13. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Vesta Baptey
15. Birthplace Idaho Falls Id (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ralph D Veach
and Address 54 Taft
17. (a) burial (b) Date thereof Feb 6 '40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Mountainview Cemetery
18. Funeral Director's **OWN** Signature Byron B. Maynard
and Address Pocatello Idaho
19. (a) 2-6-1940 (b) D Roy
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 5 1940
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 5 1940 to Feb 5 1940
I last saw h alive on Feb 5 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature Birth — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted? — PHYSICIAN
Name of operation Date — Underline the cause to which death should be charged statistically.
Major finding
Finding of autopsy

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. S. Miller (M. D. or other)
and Address Pocatello Idaho Date Feb 6 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAY 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

293274

1. PLACE OF BIRTH
County of Benewah
City of St. Maries, Idaho
No. ____ St. ____
St Maries Hospital
(If born in hospital or institution give name)

Registration District No. ____ State File No. ____
Prim. Registration District No. 130 Local Registrar's No. 39

2. FULL NAME OF CHILD Male Infant Richey

3. Sex Male | If plural births {4. Twin, triplet, or other ____ 5. Number, in order of birth ____} | 6. Premature Yes Full term No | 7. Legitimate? Yes | 8. Date of birth April 1, 1940 (Month, Day, Year)

FATHER

9. Full name Herbert Jas Richey
10. Residence (usual place of abode) (If non-resident, give place and State) Calder, Idaho
11. Color or race White | 12. Age at last birthday 50 (years)
13. Birthplace (city or place) (State or Country) Antigo, Wis.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. C C C Camp
16. Date (month and year) last engaged in this work 3/31, 1940
17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Kathryn Jacobs
19. Residence (usual place of abode) (If non-resident, give place and State) Calder, Idaho
20. Color or race White | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Kingston, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work 3-31, 1940
26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 3

29. If stillborn, period of gestation 34 {months or weeks}
30. Cause of Stillbirth {During labor 0 / Before labor Placenta ablata}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:45 P m. on the date above stated.
(~~Born alive~~ or Stillborn)

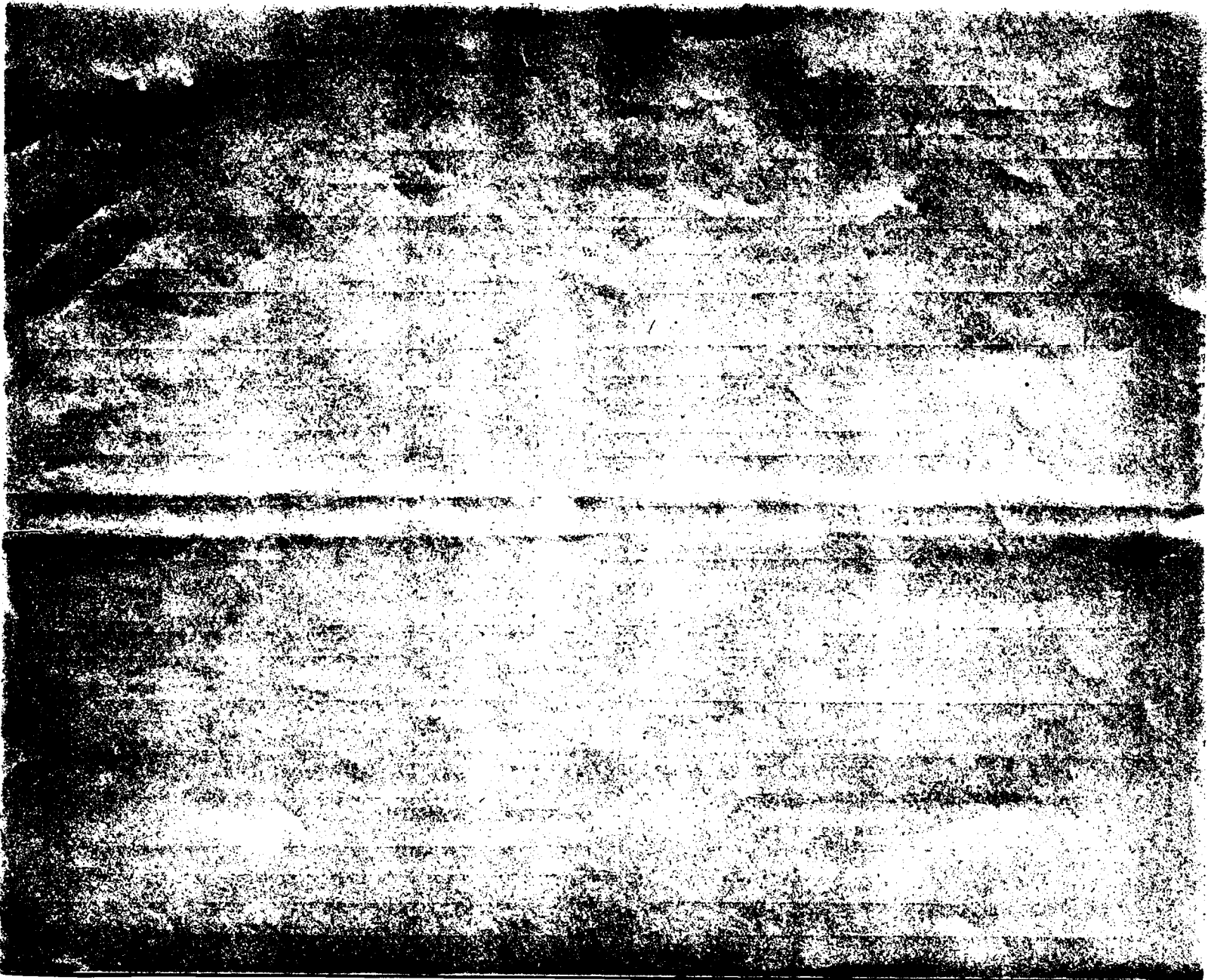
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C A Robinson, M. D.
or ____, ~~Midwife~~
Address St. Maries Idaho

Give name added from a supplemental report ____
(Date of)

Filed May 8, 1940 Walter Boberg
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

MAY 10 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11910
Local Reg. No. 200
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town St. Maries
(c) Street Address or R. F. D. No. 115 N College
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ✓ Institution ..... Other place .....
(f) Name Hosp. or Inst'n. St. Maries Hosp. Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R. F. D. No. Stillbirth
(e) Deceased lived Inside? ✓ Outside? — city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Richey

3. (b) If veteran, name war — 3. (c) Social Security No. none

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) April 1st 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	0	0		

9. Exact Occupation none Did this work for ..... yrs.

10. Industry or Business none Date last worked .....

11. Birthplace St. Maries (City or town) Idaho (State or foreign country)

Father
12. Name Hubert Richey
13. Birthplace Antigo (City or town) Wisconsin (State or foreign country)

Mother
14. Maiden name Katherine Jacobs
15. Birthplace Nez Perce (City or town) Ida. (State or foreign country)

16. Informant's **OWN** Signature ✓ L. J. Richey and Address Calder Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 2 - 1940 (Month) (Day) (Year)
(c) Place: St. Maries Idaho

18. Funeral Director's **OWN** Signature C. S. Stappish and Address St. Maries Idaho

19. (a) May 8-1940 (Date received and filed) (b) Walter Soberg (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4 19.....
at .....o'clock .....M.

21. I **HEREBY CERTIFY**, That I attended deceased from 4-1 1940, to 4-1 1940
I last saw h. Delivered a live 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillbirth	
Due to Placenta Abrata	
Due to Ld. 3rd Term	
Other conditions (Include pregnancy within 3 months of death)	

Where did disease first contract? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Carl Olsen MD (M. D. or other)
and Address St. Maries, Ida Date 4/10 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

791-203-010 - 818

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Blvd & Cedar St.
Spencer Hospital
(If born in hospital or institution give name.)

RECEIVED
MAY 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH — 218278

Registration District No. 610 State File No.
Prim. Registration District No. Local Registrar's No. 261

2. FULL NAME OF CHILD Julia Anna Gray

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
F			Full term	Yes	July 3, 1940

FATHER		MOTHER	
9. Full name	Wm Porter Gray	18. Full maiden name	Eva Hayball
10. Residence (usual place of abode) (If non-resident, give place and State)	Idaho Falls Rt 4	19. Residence (usual place of abode) (If non-resident, give place and State)	Idaho Falls Idaho
11. Color or race W	12. Age at last birthday 50 (years)	20. Color or race W	21. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or Country)	Canyon City Oregon	22. Birthplace (city or place) (State or Country)	Blackfoot Idaho.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	own home.
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work all life	25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at 4:10 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

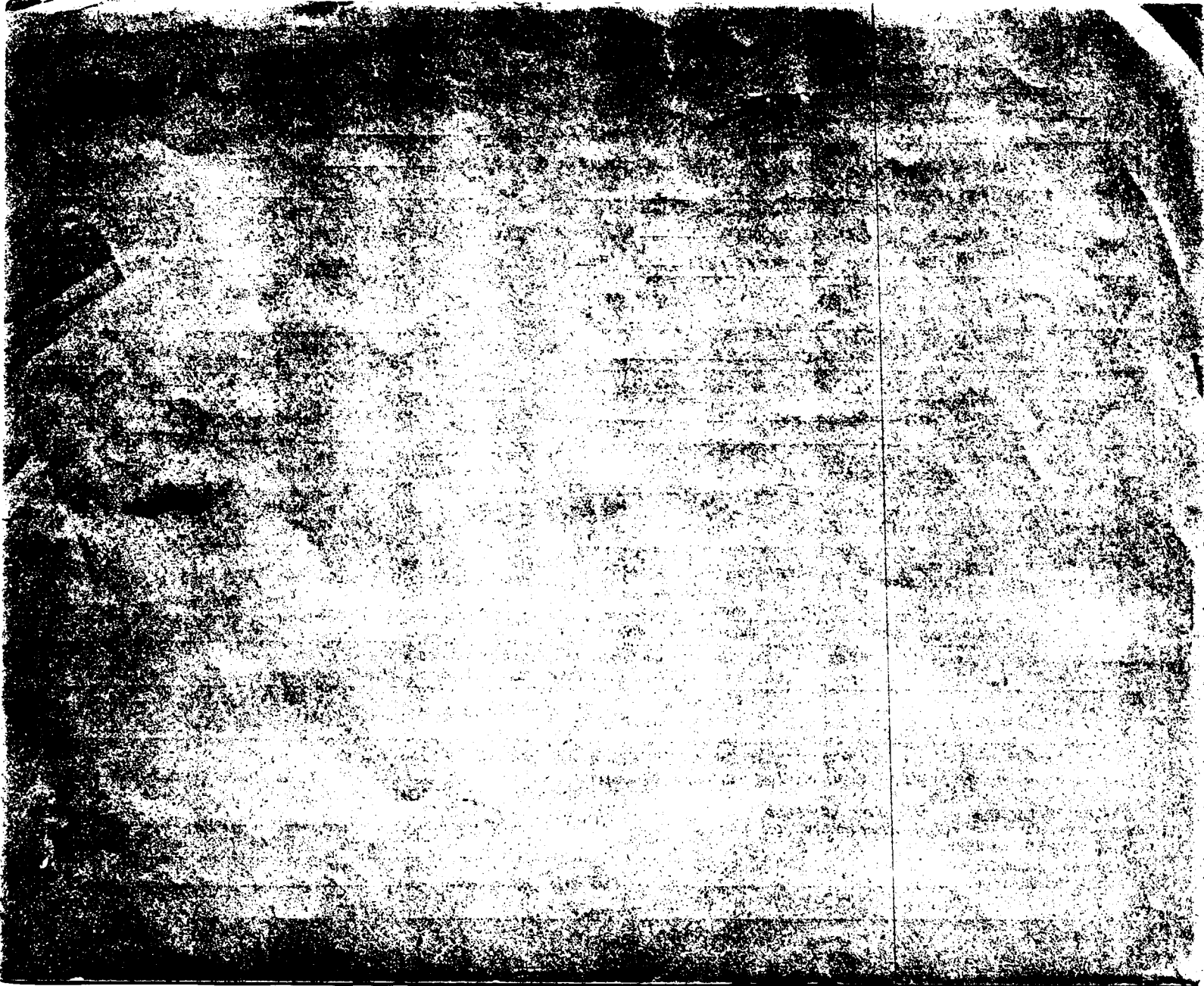
(Signed) C. C. Erickson, M. D.

or ....., Midwife

Address Idaho Falls, Idaho

Filed July 29, 1940 (by) [illegible]

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 11911
Local Reg. No. 23
Reg. Dist. No. 6-10

FEB 10 1940

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Spencer Stayed days
   (g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** JULIA ANN GRAY

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 3, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs 0 min.

9. Exact Occupation none — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name W. P. Gray
13. Birthplace Canyon City, Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Eva Hayball
15. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. P. Gray and Address Idaho Falls, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 5. 1940 (Month) (Day) (Year)
   (c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature A. Burr and Address Idaho Falls, Idaho
19. (a) Feb 7 40 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 3 1940 at 4:10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-3- 1940, to 2-3 1940
   I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	?
Due to ? Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
   Occurred 19 City, county, state where violence occurred
   Place of Violence: Home Farm Industry
   Public Place While at work?
   Means of injury

23. Attendant's **OWN** Signature C. C. Erickson M. D. (M. D. or other)
   and Address [illegible] Date 2-5 1940
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
APR 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

293279

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls, Idaho
No. Memorial Drive St.
U. S. 2. Hospital
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. 4 1 0 Local Registrar's No. 1 4 0

2. FULL NAME OF CHILD Still birth Haggen

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		1	Full term	yes	3-21-40

9. Full name of FATHER Jesse F Haggen

10. Residence (usual place of abode) Route 2 Idaho Falls, Idaho
(If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) Preston, Idaho
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 3 —, 1940
17. Total time (years) spent in this work 11 yrs

18. Full maiden name of MOTHER Emma Bernice Sparr

19. Residence (usual place of abode) Rt #2 Idaho Falls, Idaho
(If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) Idaho Falls, Idaho
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work —, 19—
26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months. { months or weeks

30. Cause of Stillbirth asphyxia due to cord about neck During labor — Before labor yes 3 hrs

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 10:50 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)

(Signed) [signature] M. D.
or Midwife
Address Idaho Falls Ida

Filed May 23, 1940 [signature]
Registrar.

Registrar.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 11 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11911
Local Reg. No. 28
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls, Idaho
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? yes Outside? ..... city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. L. D. S. Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ——— Outside? ——— city or town
(f) If foreign born, in U. S. ——— yrs. Citizen of U. S.? ———
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) ———

3. (a) **FULL NAME** Stillbirth Hansen

3. (b) If veteran, name war .....
3. (c) Social Security No. ———
4. Sex Male
5. Color or race W
6. (a) (Single) widowed, married, divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth 3-21-40 (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	Still birth			hrs min.

9. Exact Occupation Still birth (Infant) Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Jesse E. Hansen
13. Birthplace Preston Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Emma Bergie Sears
15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jesse E. Hansen
and Address Route 2 Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-40 (Month) (Day) (Year)
(c) Place: .....
18. Funeral Director's **OWN** Signature ———
and Address .....
19. (a) Mar. 23 1940 (Date received and filed) (b) ——— (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 21 1940
at 10 30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 21 1940 to March 21 1940
I last saw him alive on March 21 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Asphyxia neonatorum
Due to Strangulation of cord
Due to about Baby 30 days before birth
Other conditions Pneumonia
(Include pregnancy within 3 months of death)
of mother 21 days before birth
Where was disease first contracted? Baby
Name of operation None Date of
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature L. Mast (M. D. or other)
and Address Idaho Falls Date 3/22 19 40
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*
multiple skeletal fractures

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;*
generalized carcinomatosis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Memorial Drive St.

Idaho Hospital

(If born in hospital or institution give name.)

RECEIVED APR 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 203280

Registration District No. _____ State File No. _____

Prim. Registration District No. 410 Local Registrar's No. 150

2. FULL NAME OF CHILD Stillborn (Boy) Robb

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		✓	Yes	3-24-40

FATHER	MOTHER
9. Full name: Kenneth Austin Robb	18. Full maiden name: Caroline Webb
10. Residence (usual place of abode) (If non-resident, give place and State): Rt 5 Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and State): Rt 5 Idaho Falls
11. Color or race: W	12. Age at last birthday: 24 (years)
	20. Color or race: W
	21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Lincoln, Idaho	22. Birthplace (city or place) (State or Country): Idaho Falls
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Works for Father 10 yrs.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: March, 1940	17. Total time (years) spent in this work: 10 yrs.
	25. Date (month and year) last engaged in this work: March, 1940
	26. Total time (years) spent in this work: 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn X

29. If stillborn, period of gestation 7 Mos. { months or weeks

30. Cause of Stillbirth Cramps, Convulsions and Unknown during labor or Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4-40 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) John D. Nellor, M. D.

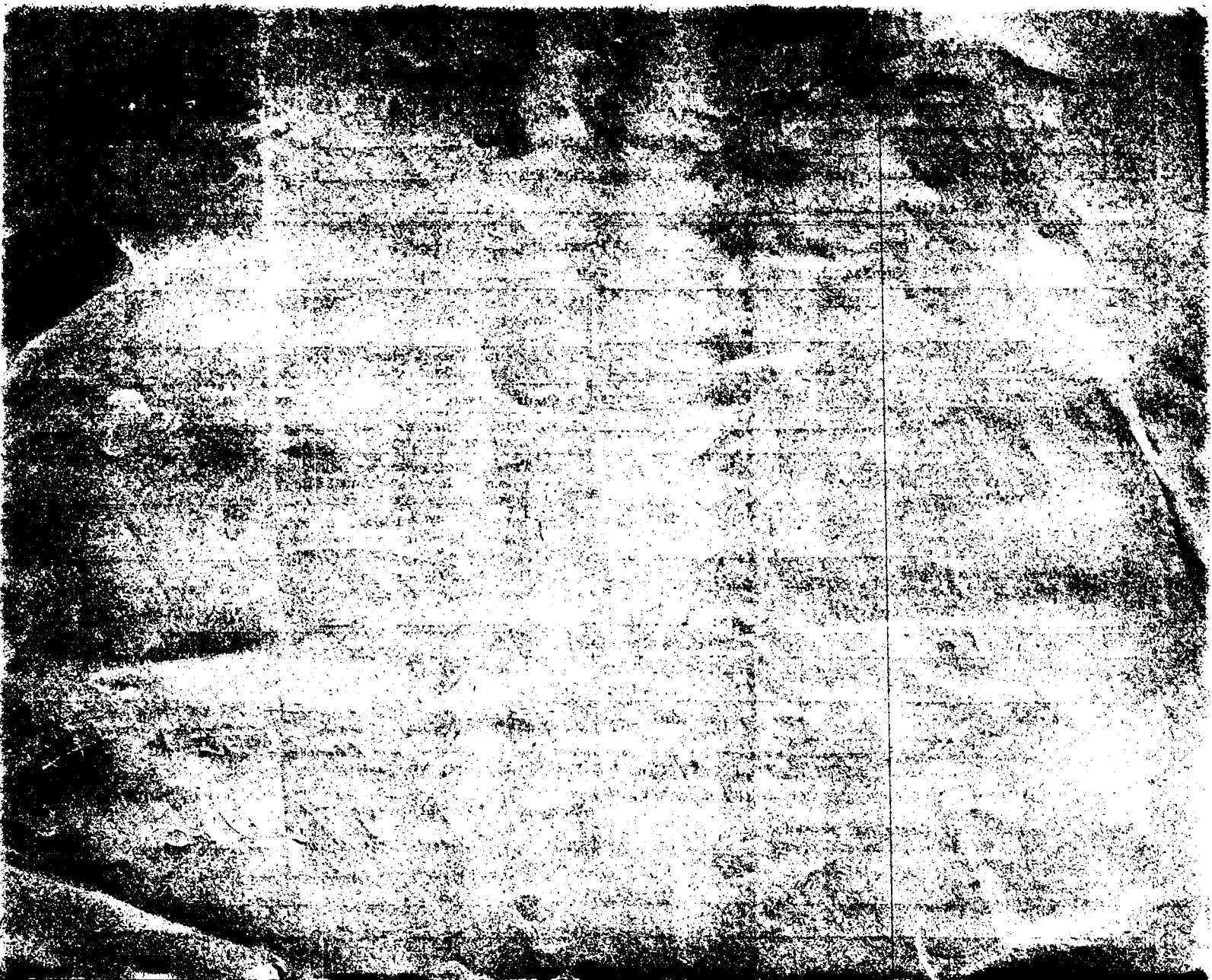
or _____, Midwife

Address Idaho Falls, Idaho

Filed Apr. 1, 1940

Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 11 1940

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 119112
Local Reg. No. 63
Reg. Dist. No. 6-16

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls Ida-
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. L. D. S. Hospital Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Steelsmith (boy) Robb.

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 24, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Idaho Falls. (City or town) Idaho- (State or foreign country)

Father
12. Name Kenneth Robb-
13. Birthplace Lincoln Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Webb
15. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mr. Kenneth Robb-
and Address Rt #7 Idaho Falls-

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1940 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho

19. (a) May 30 19 40 (b) [signature] (Registrar's signature)
(Date received and filed)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 24 1940
at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Stillborn (Prematurity)	
Due to Ulceration of Cervix	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Lee O'Mellar (M. D. or other) 24-
and Address Idaho Falls Date March 24 19 40

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

RECEIVED
MAY 9 1940

Registration District No. 610 State File No. 29328i
Prim. Registration District No. 2150 Local Registrar's No. 219

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Memorial Drive St.
LDS Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillbirth Duce

3. Sex Boy | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature 9 month Full term — | 7. Legitimate? Yes

8. Date of birth Apr. 1, 1940 (Month, Day, Year)

FATHER

9. Full name Leon Duce

10. Residence (usual place of abode) (If non-resident, give place and State) Basalt, Ida

11. Color or race W. | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Highpark Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work March, 1940

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Lerue Kendall

19. Residence (usual place of abode) (If non-resident, give place and State) Basalt, Ida

20. Color or race W. | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Central, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work March, 1940

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 111 (At time of this birth and including this child)
(a) Born alive and now living 11 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 7 months { months or weeks

30. Cause of stillbirth { Before labor — During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 02 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) W. L. Dalrymple, M. D.

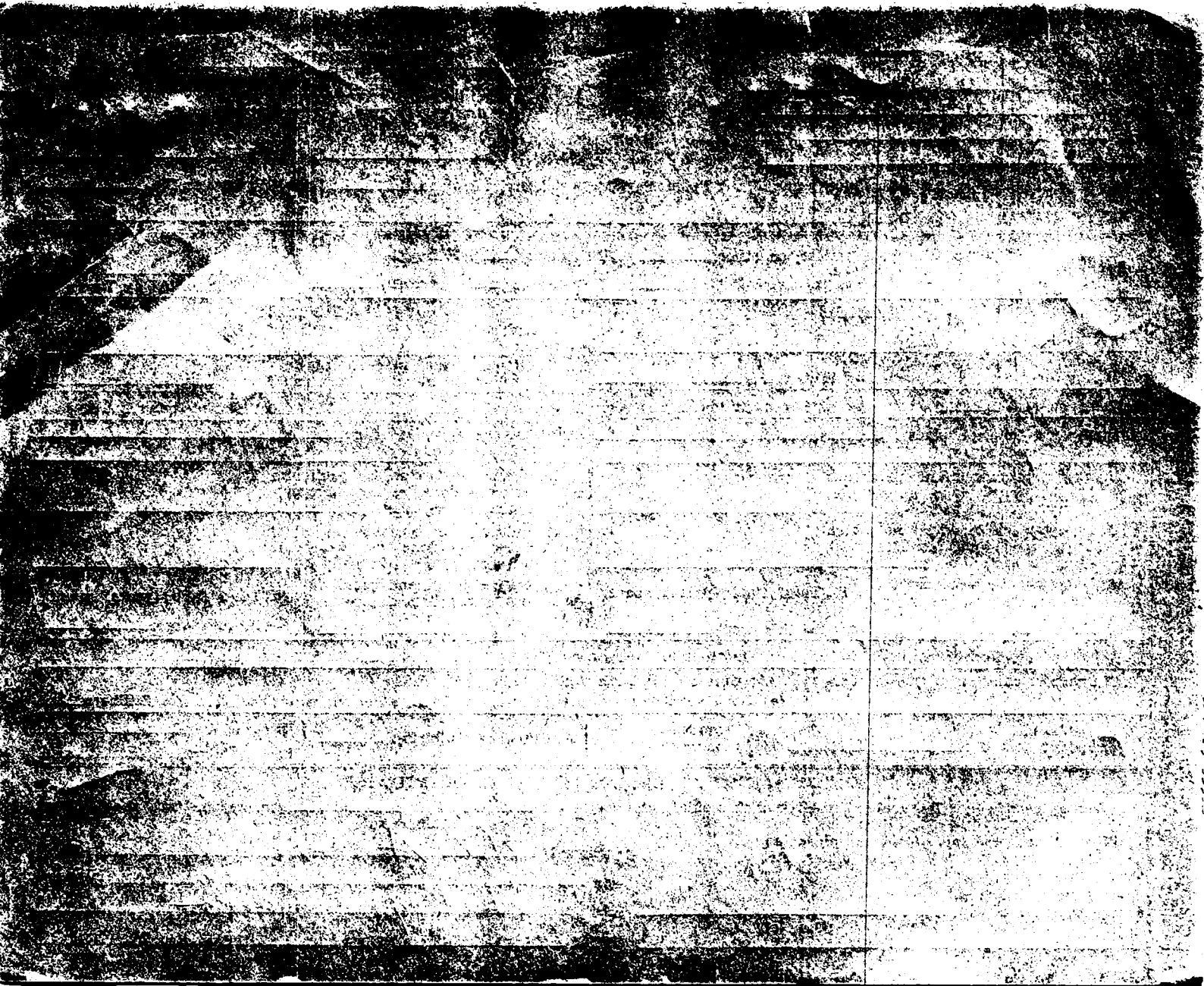
or ..... Midwife

Address Shelley, Idaho

Filed Apr 10, 1940 Jay Hammond

Registrar.

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

APR 11 1940

STATE OF IDAHO

State File No. 119113
Local Reg. No. 72
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls.
(c) Street Address or R. F. D. No. Memoral Drive
(d) Death Occurred Inside? — Outside? ..... city or town
(e) Died in a Home ....Hospital—Institution ....Other place ....
(f) Name Hosp. or Inst. L.D.S. Hospital Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State I. (b) County .....
(c) City or town .....
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** St: Ill b:rth Duce.

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Boy
5. Color or race W.
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Apr. 1 1940

8. AGE	Years	Months	Days	If less than 1 day
		St: Ill b:rth		hrs min.

9. Exact Occupation Infant — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idah. (City or town) (State or foreign country)

Father
12. Name Jean Duce
13. Birthplace Highpark, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Lenie Kimball
15. Birthplace Central, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ellis Armstrong
and Address Basalt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-40 (Month) (Day) (Year)
(c) Place: Basalt Idaho
18. Funeral Director's **OWN** Signature L. M. Waldeck
and Address Shelley Idaho
19. (a) Apr. 4 1940 (b) Registrar's signature (Date received and filed)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 1 1940
at 9:02 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from ..... 19.. to ..... 19..
I last saw h. alive on ..... 19..; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

asphyxiation 3/31/40
Due to anoxaemia 3/31/40
Due to Placenta Previa 3/31/40
Other conditions Premature 4/1/40
(Include pregnancy within 3 months of death)
(Lunar mo. gestation)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.. City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. L. Nelson (M. D. or other)
and Address Shelley Idaho Date 4-2 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of J. M. Mada Lic. No 62-75 at Shelley on 4-2-40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAY 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

293282

Registration District No. 616 State File No.

Prim. Registration District No. Local Registrar's No. 273

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida.

No. Memorial Drive St.

L. D. S. Hosp.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn St. Clair

3. Sex Male

If plural births 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature ✓ Full term

7. Legitimate? ✓

8. Date of birth 4-18, 1940 (Month, Day, Year)

FATHER

9. Full name Robert W. St. Clair

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida

11. Color or race White **12. Age at last birthday** 32 (years)

13. Birthplace (city or place) (State or Country) Idaho Falls, Ida

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work April, 1940

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Helen H Taylor

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida.

20. Color or race White **21. Age at last birthday** 32 (years)

22. Birthplace (city or place) (State or Country) Monterey, Calif

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work April, 1940

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 months (months or weeks)

30. Cause of stillbirth Before labor During labor Caucasian Section

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 10:45 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

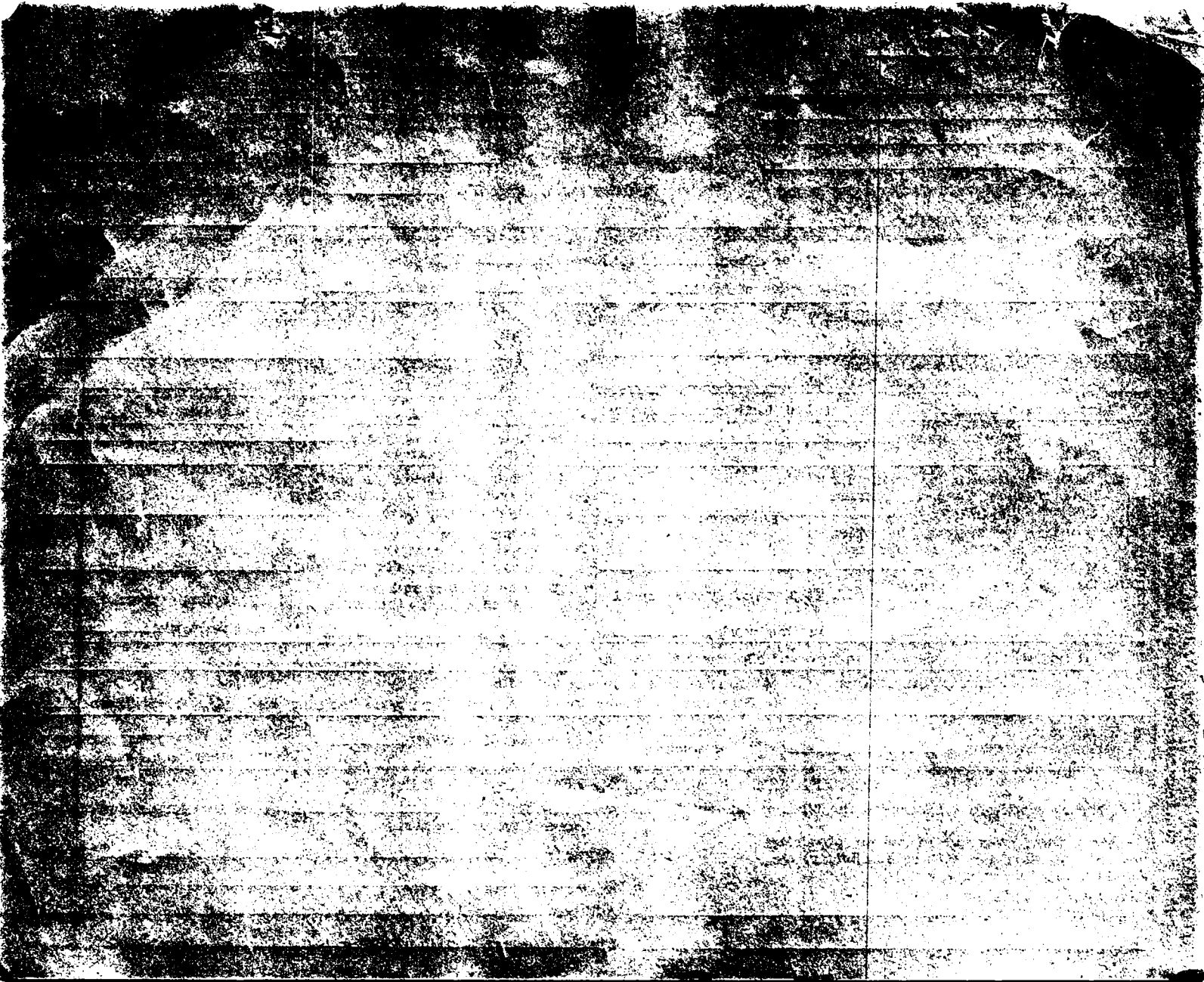
(Signed) C. C. Clewis, M. D.

or , Midwife

Address Idaho Falls, Ida.

Filed April 29, 1940 Guy Timmons

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11911
Local Reg. No. 85
Reg. Dist. No. 610

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls, Ida.
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital or Institution ....Other place ....
(f) Name Hosp. or Inst. L. D. S. Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonn.
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** St. Clair, Baby (Still birth)

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 4 - 18 - 40

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs ..... min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business ✓ — Date last worked ✓
11. Birthplace L. D. S. Hosp. Idaho Falls, Ida. (City or town) (State or foreign country)

Father
12. Name Robert W. St. Clair
13. Birthplace Idaho Falls, Ida. (City or town) (State or foreign country)

Mother
14. Maiden name Helen K. Taylor
15. Birthplace Monterey (City or town) California (State or foreign country)

16. Informant's **OWN** Signature Robert W. St. Clair
and Address 1045 Kline ave - Idaho Falls Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19, 40 (Month) (Day) (Year)
(c) Place Idaho Falls, Ida.
18. Funeral Director's **OWN** Signature C. E. Buck
and Address Idaho Falls, Ida.
19. (a) Filed 22/4-40 (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4 - 18 1940
at 1 o'clock P.M.

21. I **HEREBY CERTIFY**, That I attended deceased from 4/8 - 1940, to 4 - 18 1940
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still born — Duration .....
Due to Placenta Previa
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Idaho Falls Ida. Date 4/19 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 9 1940

CERTIFICATE OF BIRTH

S
293283

Registration District No. 610 State File No.
Prim. Registration District No. Local Registrar's No. 262

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Memorial Drive St.
L.D.S. Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Still born (Premature

3. Sex male
If plural births { 4. Twin, triplet, or other
5. Number, in order of birth ✓
6. Premature 3½ Full term
7. Legitimate? yes
8. Date of birth April 27, 1940 (Month, Day, Year)

9. Full name of FATHER	18. Full maiden name of MOTHER
Albert Gohr	Evelyn Moir
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida.
11. Color or race W | 12. Age at last birthday 27 (years)	20. Color or race W | 21. Age at last birthday 17 (years)
13. Birthplace (city or place) (State or Country) Montevista, Colo.	22. Birthplace (city or place) (State or Country) Aberdeen, Scotland
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Rent home
16. Date (month and year) last engaged in this work April, 1940	17. Total time (years) spent in this work 3 years
	25. Date (month and year) last engaged in this work April, 1940
	26. Total time (years) spent in this work 13 mons

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6½ mons. { months or weeks

30. Cause of stillbirth { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 1-15 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

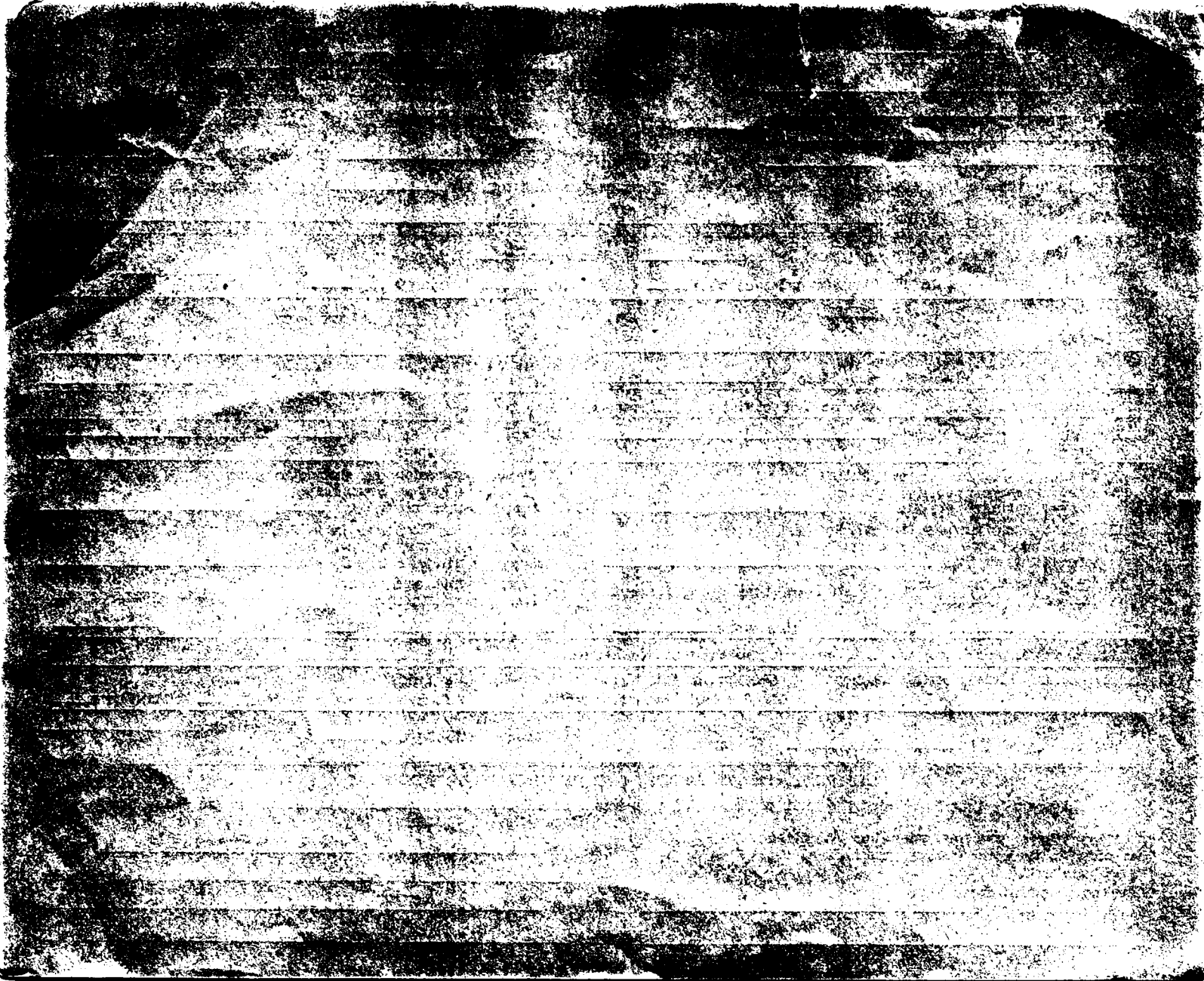
Registrar.

(Signed) N. L. Nielsen, M. D.

or , Midwife

Address Idaho Falls Ida

Filed May 3, 1940 Registrar.



119116

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No.
Local Reg. No. 86
Reg. Dist. No. 610

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls, Idaho
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed ..... days
(g) Lived in this county 1 years 1 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonn.
(c) City or town Idaho Falls.
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) ✓

3. (a) **FULL NAME** Stillbirth Gohr

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M 5. Color or race W 5. (a) Single, widowed, married, divorced (write which) Infant

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) April 27, 1940

8. **AGE**

Years	Months	Days	If less than 1 day
Stillbirth			hrs min.

9. Exact Occupation Infant Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) ..... (State or foreign country)

Father
12. Name Albert Gohr
13. Birthplace Montevista, Colo. (City or town) ..... (State or foreign country)

Mother
14. Maiden name Evelyn Mair
15. Birthplace Aberdeen, Scotland (City or town) ..... (State or foreign country)

16. Informant's **OWN** Signature Mrs Elgin Burke
and Address R. 6 Idaho Falls.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4-29-40 (Month) (Day) (Year)
(c) Place: Idaho Falls. Idaho
18. Funeral Director's **OWN** Signature V. F. McFarland
and Address Idaho Falls. Ida.
19. (a) 4-29-1940 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 27 1940
at Still born o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature Stillborn — Duration .....
Due to Unknown Cause .....
Due to ....
Other conditions ....
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation None Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. L. Wilson (M. D. or other)
and Address Idaho Falls Date 4/27 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
FEB 29 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

203284

1. PLACE OF BIRTH
County of Camas
City of Fairfield
No. ____ St. ____
(If born in hospital or institution give name.) ____

Registration District No. ____ State File No. ____
Prim. Registration District No. 400 Local Registrar's No. ____

2. FULL NAME OF CHILD ____

3. Sex: male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth Feb. 25, 1940 (Month, Day, Year)

FATHER

9. Full name Ellis Legrand Dawson
10. Residence (usual place of abode) (If non-resident, give place and State) Fairfield
11. Color or race w | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) St. Anthony Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Hand
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.S.F.R.R.
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Vera Vernetta Jones
19. Residence (usual place of abode) (If non-resident, give place and State) Fairfield
20. Color or race w | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Costello Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work Feb. 23, 1940
26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead ____ (c) Stillborn X

29. If stillborn, period of gestation 9 mos. (months or weeks)
30. Cause of stillbirth Delayed Labor, Instrument(s) Before labor ____ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 4:30 P m. on the date above stated.

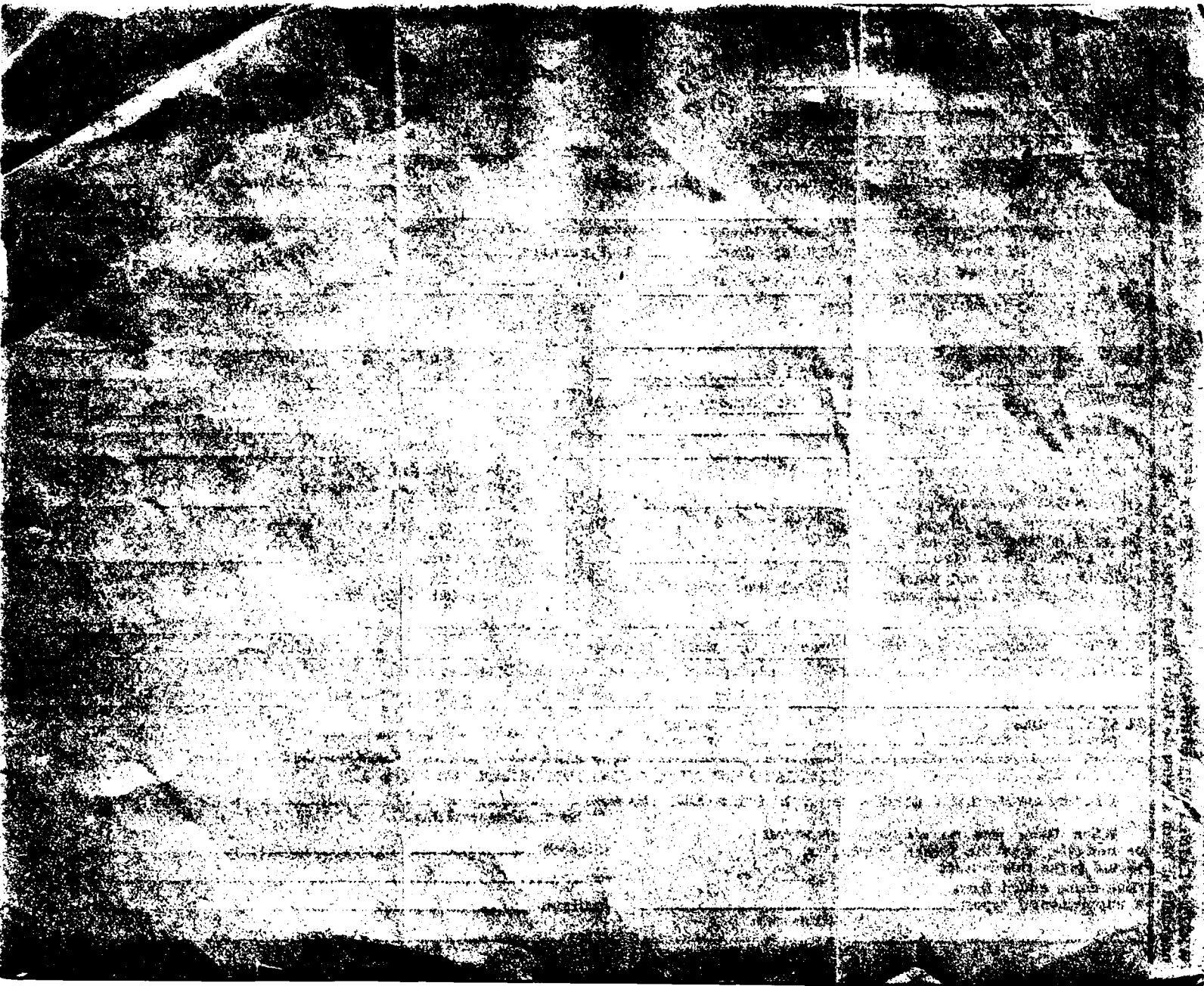
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) W. B. Parkinson, M. D.
or ____, Midwife
Address Fairfield, Idaho

Filed Feb 29, 1940 W. B. Parkinson
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Fairfield

RECEIVED

MAY 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11885

Registration District No.

Primary Registration District No. 40 D

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Not named

(a) Residence. No. Fairfield, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairfield
(State or country) Idaho

FATHER

13. NAME Ellis Legrand Rawson

14. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho

MOTHER

15. MAIDEN NAME Vera Veyette Jones

16. BIRTHPLACE (city or town) Cacgfield
(State or country) Idaho

17. INFORMANT E. Ellis Rawson
(Address) Fairfield Idaho

18. BURIAL, CREMATION OR REMOVAL burial

Place Fairfield, Idaho Date Feb. 25, 1940

19. UNDERTAKER No Undertaker
(Address)

20. FILED April 24, 1940 W. R. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 25 1940

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1940, to Feb 25, 1940

I last saw h[illegible] alive on Dead, 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
difficult labor	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. B. Parkinson, M. D.

(Address) [illegible] Fairfield Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or paricular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STILLBORN

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 118851

1. PLACE OF DEATH

County of Camas Registration Dist. No.

City of Fairfield Primary Reg. Dist. No.

Local Registrar's No.

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Rawson, Stillborn

(a) Residence: (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE

4. White, Black, Yellow, Red

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth
(Month, day and year)

7. AGE — Years | Months | Days | If less than 1 day hrs. min.

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country)

Father

13. NAME

14. BIRTHPLACE (City or Town, County and State, or Country)

Mother

15. MAIDEN NAME

16. BIRTHPLACE (City or Town, County and State, or Country)

17. SIGNATURE OF INFORMANT

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 193 by
(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from

19, to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed?

Name of operation date of

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury

, 19 Where did injury occur?
(Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(SIGNED) M. D.

(Address)

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

S

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ..... St.
Mercy Hospital
(If born in hospital or institution give name.)

RECEIVED
MAY 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293285

Registration District No. 363 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 160

2. FULL NAME OF CHILD Lawrence J. Stuart

3. Sex male

If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature..... Full term Yes

7. Legitimate? Yes

8. Date of birth 3-8, 1940 (Month, Day, Year)

FATHER

9. Full name Roy James Stuart

10. Residence (usual place of abode) R2 Meridian
(If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) Minn.
(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work.....

MOTHER

18. Full maiden name Gladys Daisy Petty

19. Residence (usual place of abode) R2 Meridian
(If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) Nebraska
(State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol 1:20

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation..... { months or weeks

30. Cause of Stillbirth Deformed Monster { During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 7:05 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

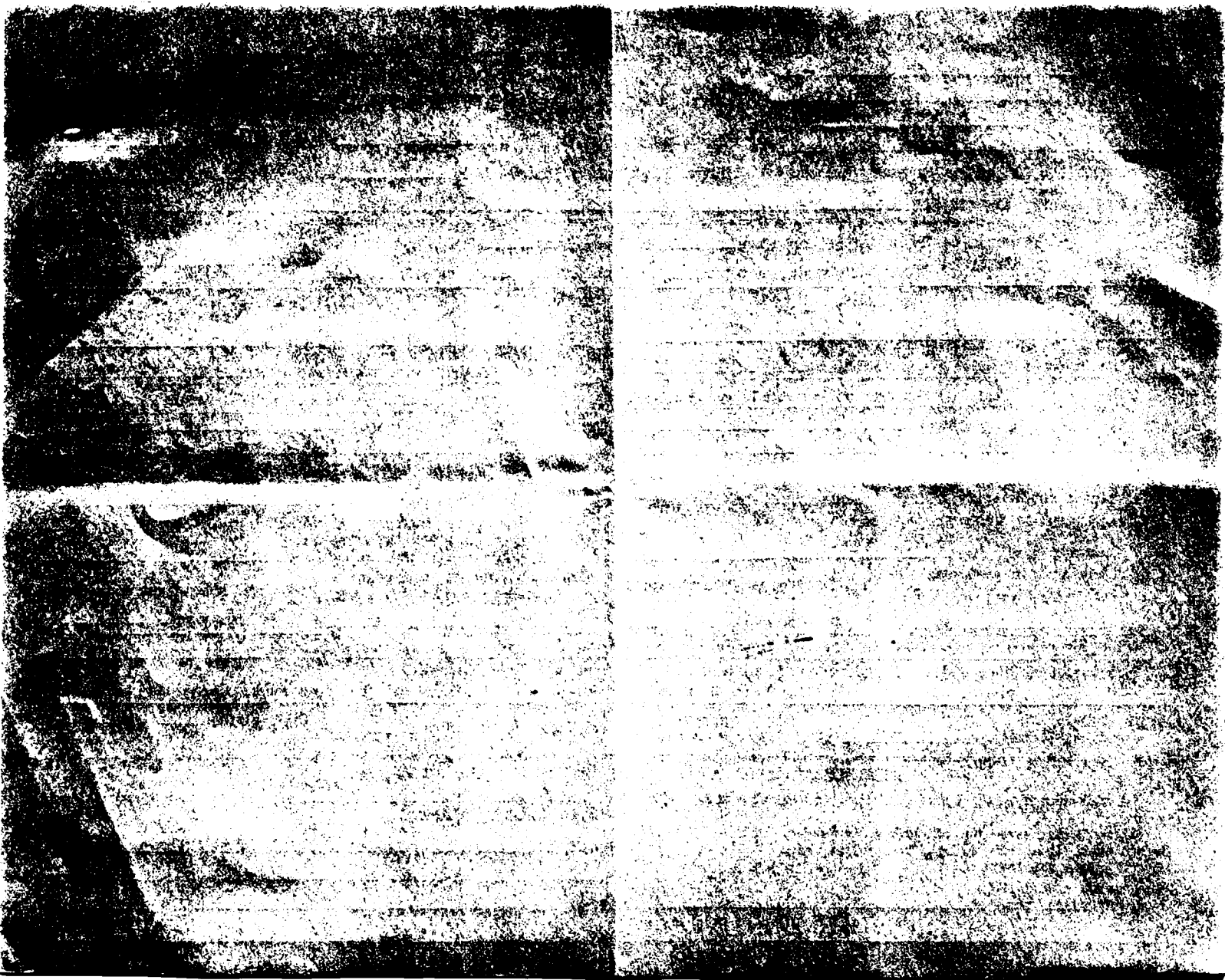
.....
Registrar.

(Signed) Samuel A Swayne, M. D.

or ....., Midwife

Address Nampa Idaho

Filed May 3 1940 Lyda Rodgers
Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 10 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119116
Local Reg. No. 44
Reg. Dist. No. 3 & 3

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 16th Ave. So.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. Mercy ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 16th Ave So
(e) Deceased lived Inside? yes Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Infant - Son of Mr. & Mrs. Roy Stuart

3. (b) If veteran, name war Done 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) March 8, 1940

8. **AGE**

Years	Months	Days	If less than 1 day
			hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Nampa, Idaho (City or town) (State or foreign country)

Father
12. Name Roy Stuart
13. Birthplace Minn. (City or town) (State or foreign country)

Mother
14. Maiden name Gladys Petty
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Roy Stuart and Address Meridian Idaho R. R. 2.

17. (a) Burial (Burial, cremation or removal) (b) Date thereof March 9 - 40 (Month) (Day) (Year)
(c) Place: Rohlfs Lawn

18. Funeral Director's **OWN** Signature Veith Allen and Address Nampa Idaho

19. (a) April 1 1940 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 8 - 1940
at 7 15 o'clock A. M.

21. I **HEREBY CERTIFY,** That I attended deceased from 3 - 8 - 1940, to 3 - 8 - 1940
I last saw h... alive on Borndad 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Deformed monster	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Samuel A Swayne M.D. (M. D. or other)
and Address Nampa Ida Date 3-9 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12-1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. 115-6 Ave So. St.
(If born in hospital or institution give name.)

RECEIVED
MAY 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 362 State File No. 293286
Prim. Registration District No. ____ Local Registrar's No. 165

2. FULL NAME OF CHILD Darland (no name) Scheele

3. Sex: female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth 4-24, 1940 (Month, Day, Year)

FATHER

9. Full name: Carl August Scheele
10. Residence (usual place of abode) 428-18 Ave So. (If non-resident, give place and State) ____
11. Color or race: wh | 12. Age at last birthday: 49 (years)
13. Birthplace (city or place) (State or Country): Texas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Navy
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: retired
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Lila Irene Riff
19. Residence (usual place of abode) (If non-resident, give place and State) 428-18 Ave So.
20. Color or race: wh | 21. Age at last birthday: 38 (years)
22. Birthplace (city or place) (State or Country): Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 mos. (months or weeks)
30. Cause of Stillbirth: During labor ____ Before labor hydrocephalic

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 10:15 p.m. on the date above stated.

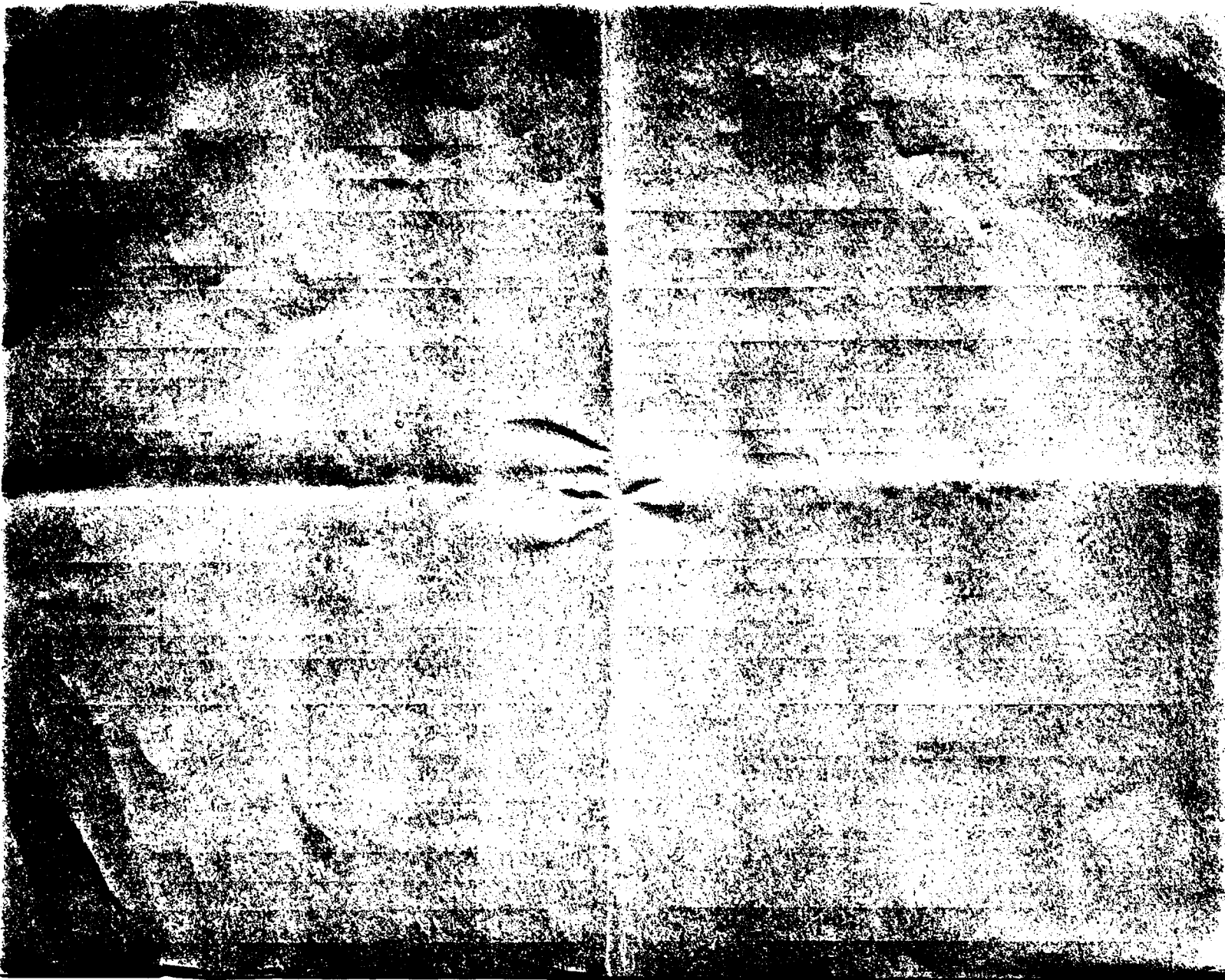
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Samuel A Swayne, M. D.
or ____, Midwife
Address Nampa Idaho

Filed May 4 1940 Lyda Rodgers
Registrar.

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 10 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119117
Local Reg. No. 73
Reg. Dist. No. 362

1. PLACE OF DEATH
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ~~Outside~~? city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Trumbull Memorial days
(g) Lived in this county ← years ← months ← days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. Nampa
(e) Deceased lived Inside? ← Outside? ← city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? ← years
(h) Former residence (city, state) ←

3. (a) **FULL NAME** not named Scheele

3. (b) If veteran, name war ←
3. (c) Social Security No. ←
4. Sex F
5. Color or race W
5. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ←
6 (c) Age of husband or wife if alive ← years
7. Date of Birth (Month, Day, Year) 4-27-40

8. AGE	Years	Months	Days	If less than 1 day
	←	←	←	hrs ← min.

9. Exact Occupation None — Did this work for ← yrs.
10. Industry or Business — Date last worked
11. Birthplace Nampa (City or town) Idaho (State or foreign country)

Father
12. Name Carl A. Scheele
13. Birthplace (City or town) Texas (State or foreign country)

Mother
14. Maiden name Kniff (Lila Irene)
15. Birthplace (City or town) Kans. (State or foreign country)

16. Informant's **OWN** Signature Carl A. Scheele and Address 423-1st Ave. So.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-40 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's **OWN** Signature F. H. Cochran and Address Nampa, Idaho
19. (a) May 4 1940 (Date received and filed) (b) Lyda Rodgers (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-27 1940
at ... o'clock ... M.

21. **I HEREBY CERTIFY,** That I attended deceased from 4-24- 1940, to 4-24- 1940
I last saw h~~im~~ alive on NEVER 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
● Hydrocephalus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work?
Means of injury

23. Attendant's **OWN** Signature Samuel M Swayze M.D (M. D. or other)
and Address Nampa, Ida. Date 4-28- 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Fremont
City of Ashton
No. ____ St.
(If born in hospital or institution give name.)

RECEIVED MAY 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 651 State File No. 293290
Prim. Registration District No. 2177 Local Registrar's No. 97

2. **FULL NAME OF CHILD** ____

3. Sex Female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth March 15 1940 (Month, Day, Year)

FATHER

9. Full name Floyd Dale Van Sickle
10. Residence (usual place of abode) (If non-resident, give place and State) Ashton Ida
11. Color or race W | 12. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Wilford Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work Present, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Alta Marie Hawks
19. Residence (usual place of abode) (If non-resident, give place and State) Ashton, Ida
20. Color or race W | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Grassmound Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work Present, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum 2 % Mercurochrome

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Full Term (months or weeks) | 30. Cause of stillbirth ____ (Before labor yes, During labor —)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 9:15 P.M. on the date above stated.

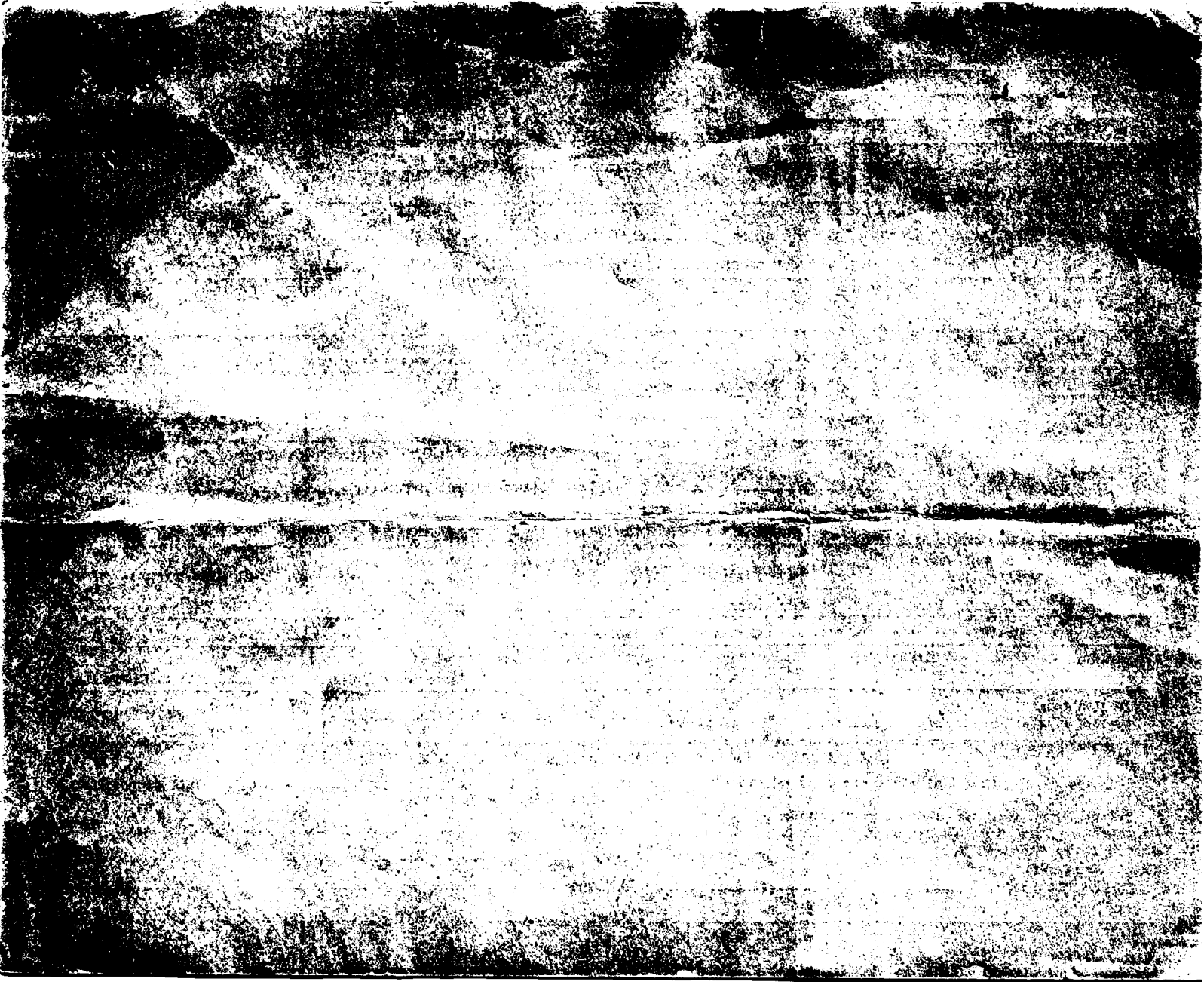
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) [signature], M. D.
or ____, Midwife
Address Ashton

Filed May 11, 1940 [signature] Registrar.

____ Registrar.



11912

United States
Department of Commerce
Bureau of the Census

REC

CERTIFICATE OF DEATH

STATE OF IDAHO

APR 15 1940

State File No.
Local Reg. No. 35
Reg. Dist. No. 451

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Fremont
(b) City or town Ashton
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? —— city or town
(e) Died in a Home Yes Hospital—Institution Other place
(f) Name Hosp or Inst. Stayed days
(g) Lived in this county —— years —— months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Twila Vansickle.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Loyd Vansickle
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 15th 1940

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	Still Born. hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Ashton Idaho. (City or town) (State or foreign country)

Father
12. Name Loyd Vansickle
13. Birthplace Idaford Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Altha Hawks.
15. Birthplace Drummond Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature B W Van Sickle
and Address Ashton, Idaho.
17. (a) (Burial, cremation, removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Ashton Idaho
18. Funeral Director's **OWN** Signature Lewis Kiser
and Address Ashton Idaho
19. (a) Mar. 16 1940 (Date received and filed) (b) D. M. Jensen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar. 15 1940
at 9:15 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Mar 15 1940 to Mar. 15 1940
I last saw h. alive on Still born 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Stillborn, cord 30 in long and twisted 32 times.
Due to (Interval)
Due to Strangulation of cord
Other conditions. Had been dead about 8 hrs.
(Include pregnancy within 3 months of death)

Where was disease first contracted? —
Name of operation Manual Delivery Date
Major finding 5½ lbs.
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. B. Ringley M.D.
and Address Rexburg (M. D. or other)
Date Mar. 15 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAY 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293292

Registration District No. 440 State File No. S

Prim. Registration District No. ____ Local Registrar's No. 19

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. ____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Infant Bell

3. Sex Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth 3-20, 1940 (Month, Day, Year)

FATHER

9. Full name Willard Orvel Bell
10. Residence (usual place of abode) (If non-resident, give place and State) Moore Idaho
11. Color or race W | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Meridian Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work March, 1940 | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Elodya Kerrie Larsen
19. Residence (usual place of abode) (If non-resident, give place and State) Moore, Idaho
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Jerome Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work March, 1940 | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth Cord about neck. During labor ____ Before labor X

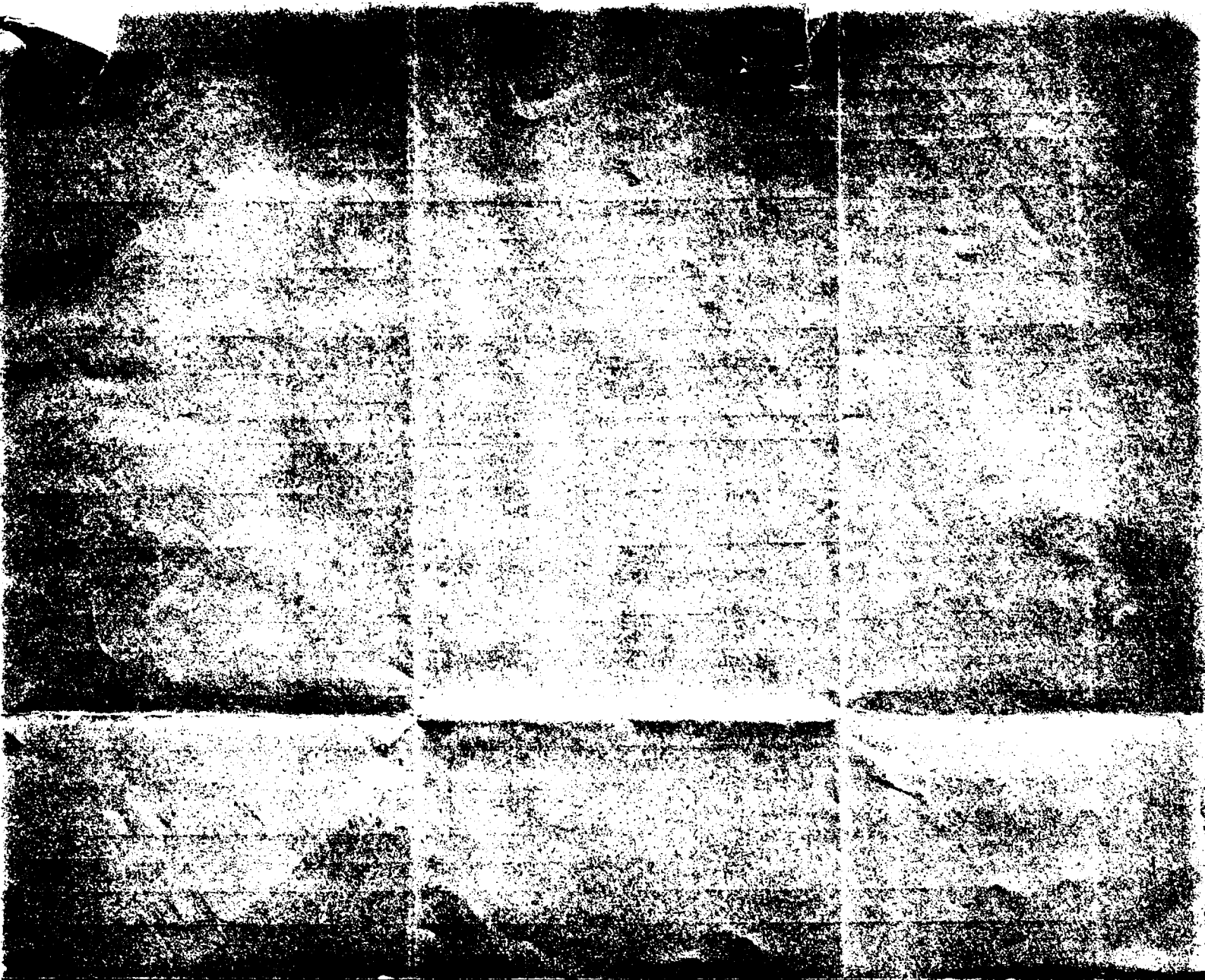
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Carlyle Purcell, M. D.
or ____, Midwife
Address Jerome, Idaho
Filed 5/11, 1940 C. F Zellers
Registrar.

Give name added from a supplemental report ____
(Date of)
____ Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 15 1940

State File No. 119123
Local Reg. No. 1
Reg. Dist. No. 440

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Bell

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) March 20, 40

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	—	—	—		

9. Exact Occupation Infant Child — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Jerome (City or town) Idaho (State or foreign country)

Father
12. Name Willard Bell
13. Birthplace Star (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Gladis Larsen
15. Birthplace Jerome (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature W. O. Bell
and Address Moore Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1-40 (Month) (Day) (Year)
(c) Place: Jerome Cemetery
18. Funeral Director's **OWN** Signature J. R. Wiley
and Address Jerome Idaho
19. (a) 3/21/40 (Date received and filed) (b) C. F. Zeller (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20 1940
at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from Unattended 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn — Duration —
Due to Cord about neck — Min
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Carlyle Ruail (M. D. or other)
and Address Jerome Date 3/21/40
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *[illegible]stroenterostomy* Date *11-12-45*
Major finding *[illegible]f pylorus of stomach*
Finding of autopsy *[illegible] Lobar pneumonia;* *generalized carcinomatosis*

22. If death was [illegible]TERNAL CAUSES, also fill in the following: Acc[illegible] Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of J. R. Wiley Lic. No. E 258 at Jerome on 3-20-46
ADDITIONAL REMARKS

RECEIVED
MAY 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

293293

Registration District No. 440 State File No.

Prim. Registration District No. Local Registrar's No. 25

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lawrence Dale Taylor

3. Sex: Male

If plural births: 4. Twin, triplet, or other: Twin; 5. Number, in order of birth: 2

6. Premature: Full term: Yes

7. Legitimate? Yes

8. Date of birth: April 11, 1940 (Month, Day, Year)

FATHER

9. Full name: Robert Cornelius Taylor

10. Residence (usual place of abode) (If non-resident, give place and State): Jerome Ida

11. Color or race: White | 12. Age at last birthday: 25 (years)

13. Birthplace (city or place) (State or Country): Lone wolf Okla

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Gen'l

16. Date (month and year) last engaged in this work: April, 1940

17. Total time (years) spent in this work: 6

MOTHER

18. Full maiden name: Fern DeGraw

19. Residence (usual place of abode) (If non-resident, give place and State): Jerome Ida

20. Color or race: White | 21. Age at last birthday: 21 (years)

22. Birthplace (city or place) (State or Country): Jerome Ida

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: April, 1940

26. Total time (years) spent in this work: 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 3 (b) Born alive but now dead: 0 (c) Stillborn: 1

29. If stillborn, period of gestation: Full term (months or weeks)

30. Cause of stillborn: Black widow spider bite of mother 30 days before birth. Before labor: About 30 hrs. During labor:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 1:45 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Reuben C. Matson, M. D.

or , Midwife

Address Jerome Idaho

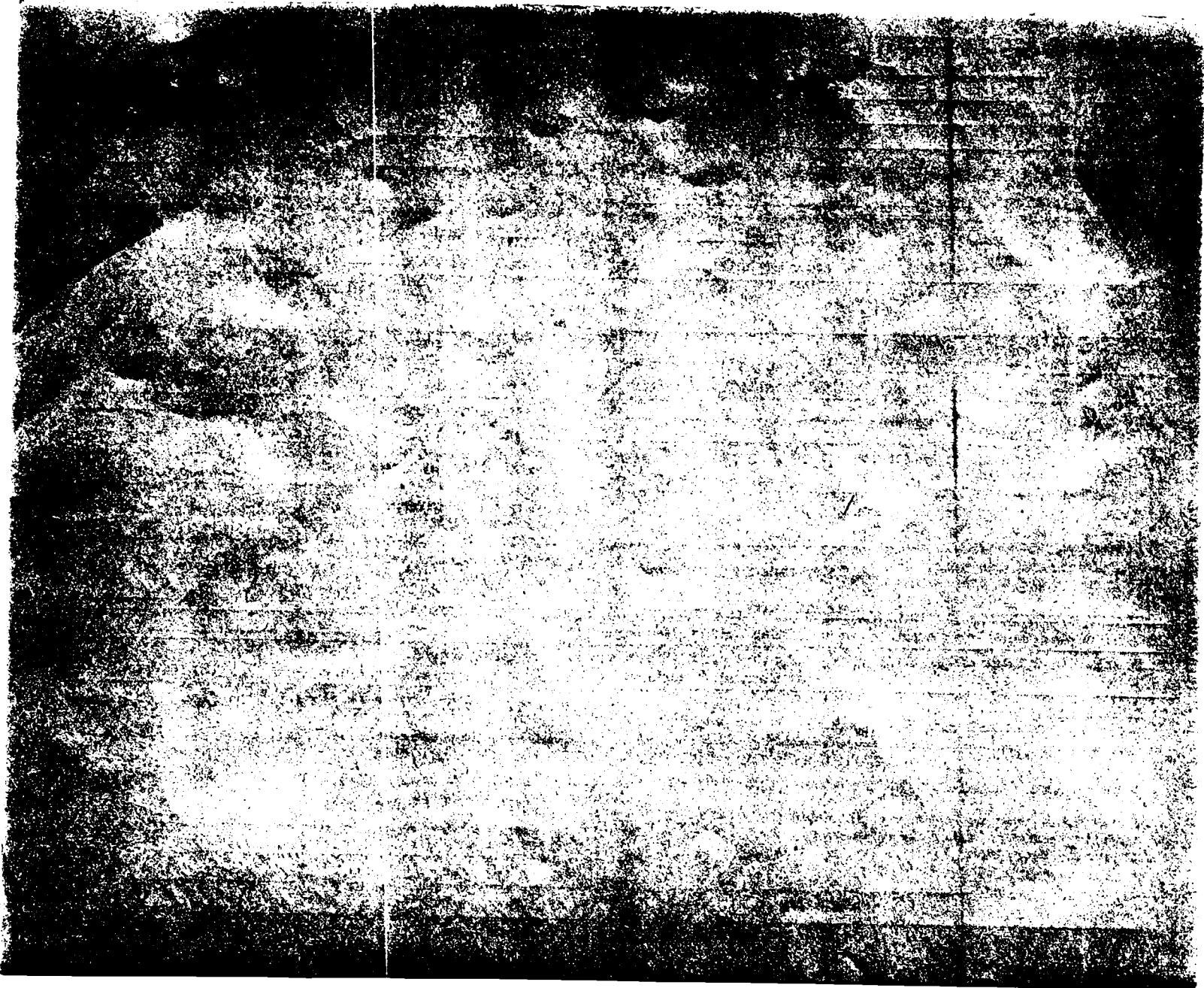
Give name added from a supplemental report

(Date of)

Filed 4/15, 1940 C. E. Zellers
Registrar.

Registrar.

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11912
Local Reg. No. 428
Reg. Dist. No. 10

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No. 5at West
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No. 5-m West
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Lawrence Dale Taylor

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex M race W
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 11 - 1940
8. **AGE** — Years — Months — Days — If less than 1 day — hrs — min.
9. Exact Occupation Infant — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace ..... (City or town) ..... (State or foreign country)

Father
12. Name Robert C. Taylor
13. Birthplace ..... (City or town) Oklahoma (State or foreign country)

Mother
14. Maiden name Fern DeGrow
15. Birthplace ..... (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature R C Taylor and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11 - 1940 (Month) (Day) (Year)
(c) Place: Jerome Cemetery
18. Funeral Director's **OWN** Signature J R Wiley and Address Jerome Idaho
19. (a) 4/11/40 (Date received and filed) (b) C. F. Zeller (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) About March 12th or 13th 1940
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h.. alive on Stillborn 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillbirth - probably due to black widow spider bite of mother about March 12th 1940 -
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease first contracted? Jerome
Name of operation No Date .....
Major finding —
Finding of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date April 11 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of J. R. Wesley Lic. No. [illegible] at Jerome on 4-11-40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A LEGAL DOCUMENT and must be filled in as completely as possible. Use only one line for each item, and the number of each, in order of birth stated. Do not write in any space unless you have information to enter. If none, write "None." Do not use ditto marks. Make a separate Return for each child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St. Community Hospital

(If born in hospital or institution give name.)

RECEIVED MAY 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 293294

Registration District No. 120 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 120

2. FULL NAME OF CHILD Marvin Lee Hanninen

3. Sex M | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ } | 6. Premature _____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth April 20, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Wayne E. Hanninen	18. Full maiden name Frieda Elizabeth Buhrmaster
10. Residence (usual place of abode) (If non-resident, give place and State) Murray Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Murray Idaho
11. Color or race W | 12. Age at last birthday 30 (years)	20. Color or race W | 21. Age at last birthday 17 (years)
13. Birthplace (city or place) (State or Country) Calumet Michigan	22. Birthplace (city or place) (State or Country) Prosser Washington
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Jack Waite Mine	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Present, 19___	17. Total time (years) spent in this work 2 yrs.
25. Date (month and year) last engaged in this work Present, 19___	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? AgNO3 1%

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation Full Term { months or weeks }

30. Cause of stillbirth Total placenta previa { Before labor no During labor Yes }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born (Born Alive or Stillborn) at 6:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) O M Husted MD, M. D.

or _____, Midwife

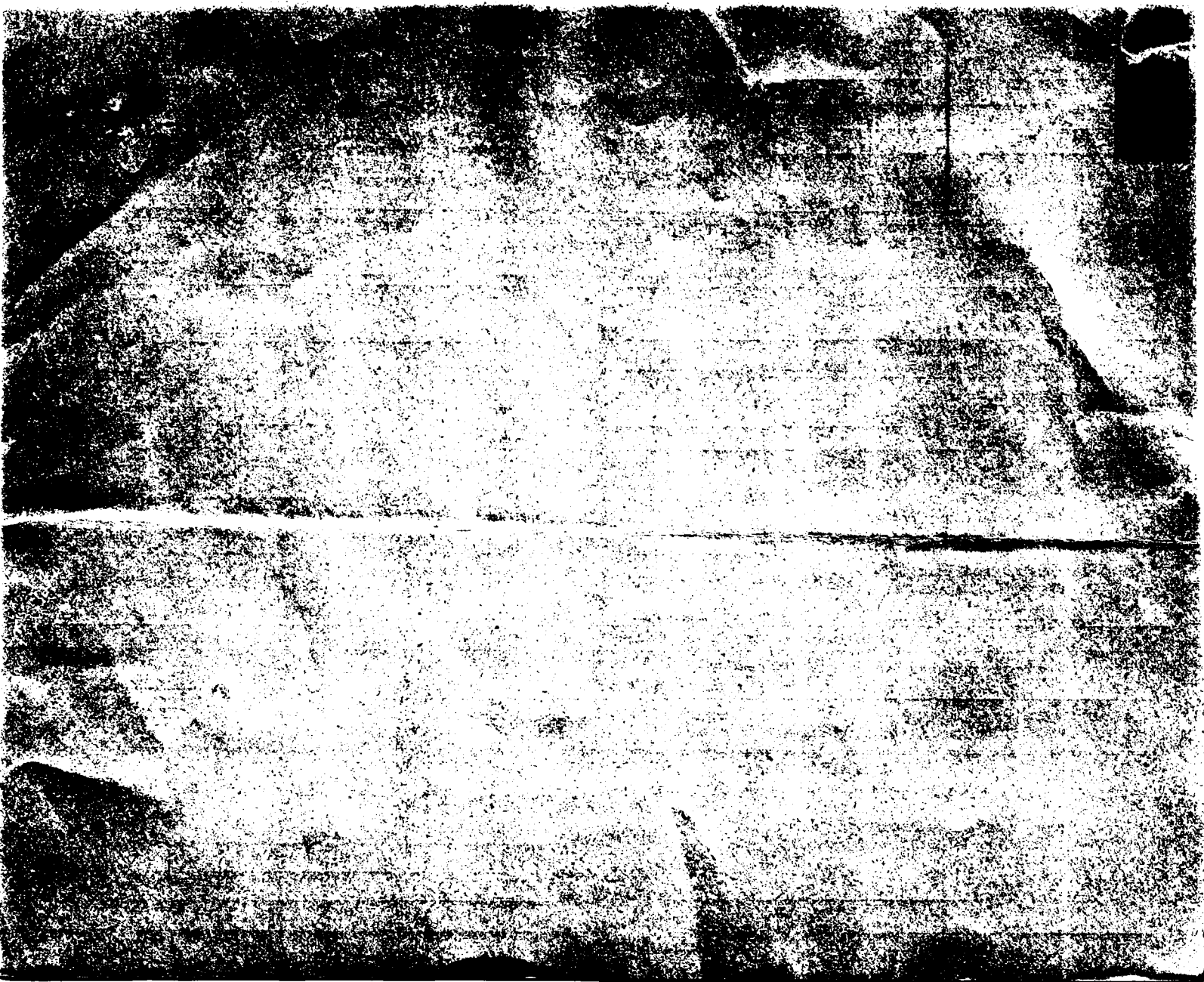
Address Coeur d'Alene Idaho

Give name added from a supplemental report _____

(Date of) _____

Filed 5. 13 40, 19___ H. L. Stevenson M.D.

Registrar. Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED MAY 13 1940

Husted

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 11925
Local Reg. No.
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. 701 Lakeside Ave
   (d) Death Occurred Inside? X Outside? ....city or town
   (e) Died in a Home ....Hospital X Institution ....Other place ....
   (f) Name Hosp. or Ins Community H. Stayed 0 days
   (g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Murray
   (d) Street Address or R. F. D. Star Route
   (e) Deceased lived Inside? .... Outside? X ....city or town
   (f) If foreign born, in U. S. —yrs. Citizen of U. S.? —
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Infant Marvin Lee Hanninen

3. (b) If veteran, name war none
3. (c) Social Security No. None
5. Color or race white
6. (a) Single, widowed, married, divorced single
4. Sex M
6. (b) Name of husband or wife none
6 (c) Age of husband or wife if alive —— years
7. Date of Birth (Month, Day, Year) April 20, 1940

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	hrs — min.

9. Exact Occupation None — Did this work for —yrs.
10. Industry or Business — Date last worked —
11. Birthplace Coeur d'Alene (City or town) Idaho (State or foreign country)

Father
12. Name Wayne Hanninen
13. Birthplace Calumet (City or town) Michigan (State or foreign country)

Mother
14. Maiden name Frieda Buhrmester
15. Birthplace Prosser, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wayne Hanninen and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/22/1940 (Month) (Day) (Year)
    (c) Place: Forest Cemetery C.D.A.
18. Funeral Director's **OWN** Signature Mooney Mortuary and Address Coeur d'Alene Idaho
19. (a) 4-24-40 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 20 1940
    at 6:30 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from ....19...., to....19....
    I last saw h..... alive on....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Still Born

Due to Placental Hemorrhage.

Due to Total Placenta Praevia

Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation ..... Date.....
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
    Occurred.....19..... City, county, state where violence occurred.....
    Place of Violence: Home..... Farm..... Industry.....
    Public Place..... While at work?.....
    Means of injury.....
23. Attendant's **OWN** Signature O M Husted MD (M. D. or other)
    and Address Coeur d'Alene Date 4/22/1940
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12-1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of [signature] Lic. No. E-78 at [signature] on 4/20/40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Fill in all blanks. Use "None" where necessary. If unknown, or if the question does not apply to the child, write "Unknown" or "N. A." Information must be given for each child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 702 S. Main St.
(If born in hospital or institution give name.) Gile Sanitarium Hosp.

RECEIVED
MAY 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 100 State File No. 293295
Prim. Registration District No. Local Registrar's No. 1088

2. FULL NAME OF CHILD Stillborn (Kaiser)

3. Sex male

If plural births { 4. Twin, triplet, or other
5. Number, in order of birth

6. Premature ✓ Full term
7. Legitimate? —

8. Date of birth 4-16, 1940 (Month, Day, Year)

FATHER

9. Full name Verle George Kaiser
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow Ida.
11. Color or race White 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Egan South Dakota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agronomist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Soil Conservation
16. Date (month and year) last engaged in this work Present, 19
17. Total time (years) spent in this work 5 yrs.

MOTHER

18. Full maiden name Mildred Ethel Arnold
19. Residence (usual place of abode) (If non-resident, give place and State) Moscow Ida.
20. Color or race White 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) Denver Colorado

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Present, 19
26. Total time (years) spent in this work 6 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 months { months or weeks

30. Cause of stillbirth unknown { Before labor before labor
During labor ?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

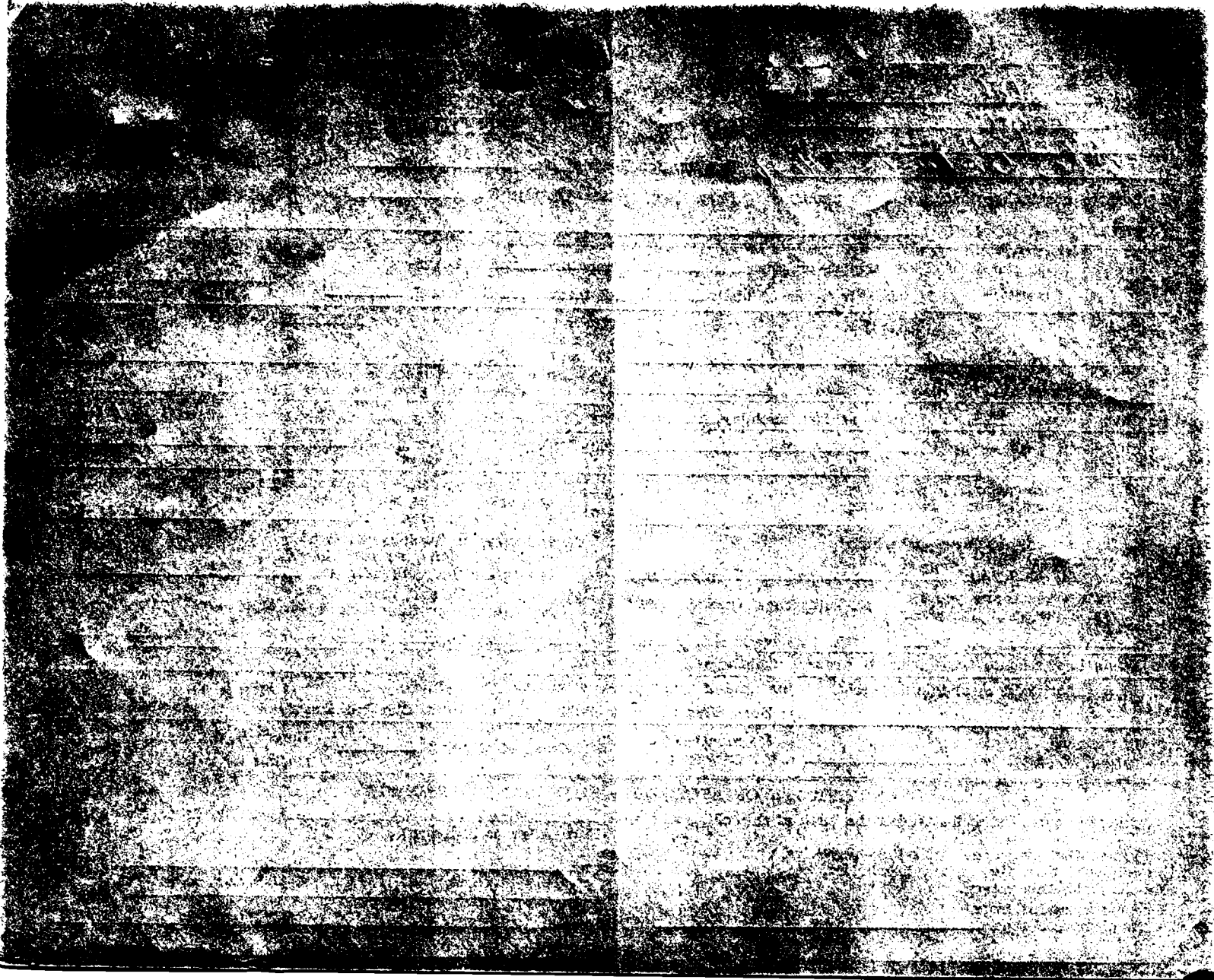
Give name added from a supplemental report

(Date of)

(Signed) Doyle M Lucas, M. D.
or , Midwife
Address Moscow Idaho
Filed May 1, 1940

Registrar

Registrar



United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 13 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119126
Local Reg. No. 137
Reg. Dist. No. 200

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. Gritman Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Kaiser

3. (b) If veteran, name war
3. (c) Social Security No. none
5. Color or race white
6. (a) Single, widowed, married, divorced
4. Sex Male
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 16, 1940

8. AGE	Years	Months	Days	If less than 1 day: hrs	min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Moscow (City or town) Idaho (State or foreign country)

Father
12. Name Verle G. Kaiser
13. Birthplace Regent, (City or town) N. Dakota (State or foreign country)

Mother
14. Maiden name Mildred Arnold
15. Birthplace Denver, (City or town) Colorado (State or foreign country)

16. Informant's **OWN** Signature Verle Kaiser
and Address Moscow, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/18/40 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature R. R. Johnston
and Address Moscow, Idaho
19. (a) 5-2-ND (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4/16 19 40
at 7:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 4/16/ 19 40, to 4/16/40 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Stillborn at about seven months. Wasserman negative.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Doyle M Loehr (M. D. or other)
and Address Boxx 227, Moscow Date 4/16/40 19
(For additional space, use reverse side)

all SIGN HIS OWN NAME under
:ate the facts stated under items 1 to 15,
of facts taken from hospital or public
authorized to release the facts shall sign
on to giving the source of information.

IRECTOR is responsible for completing
:e, obtaining the signatures of the IN-
OFFICIAL last in attendance on the
OWN signature.

: can issue a burial or removal permit
ing a completed death certificate, includ-
S in BLACK ink under items 16, 18

› law, it is a misdemeanor to

false information to any one connected
leath certificate;

› certify to the cause of death on request
rge of the disposition of the deceased;

body of a deceased person WITHOUT
being FIRST obtained from the local
strict WHERE THE DEATH OC-

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

: OF DEATH:	Duration
emorrhage	*1 day*
kull fracture	*1 day*
ito accident	*1 day*
fultiple fractures	*1 day*

3 months of death)

contracted? *Public place*

xp. Craniotomy..... Date....*11-12-45*.....

'iddle meningeal hemorrhage

.....*Cerebral hemorrhage*.....

.....*multiple skeletal fractures*.....

XTERNAL CAUSES, also fill in the

yes.... Suicide?..... Homicide.....

.....1945 City, county, state

.....*Boise, Ada, Idaho*.....

e..... Farm..... Industry.....

.... While at work?.....*yes*.....

...*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Hypostatic pneumonia*	*7 days*
Due to	
.....*Cancer of stomach*	*2 years*
Due to	
Other conditions.....*Secondary anemia*	*2 years*

(Include pregnancy within 3 months of death)

Where was disease first contracted?.....*Idaho*.....

Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....

Major finding.....*Cancer of pylorus of stomach*.....

Finding of autopsy.....*Lobar pneumonia;*.....

.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred.....19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

direction of..... Lic. No..... at..... on.....

S .....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Troy
No. ____ St.
(If born in hospital or institution give name.)

RECEIVED
MAY 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

293296

Registration District No. 64 State File No. ____
Prim. Registration District No. 2144 Local Registrar's No. ____

2. FULL NAME OF CHILD Ronald Elmer Campbell

3. Sex: male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? yes
8. Date of birth May 5, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Elmer Campbell	18. Full maiden name: Norma Gleason
10. Residence (usual place of abode) (If non-resident, give place and State): Troy, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Troy, Ida
11. Color or race: White — 12. Age at last birthday: 33 (years)	20. Color or race: white — 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): oregon	22. Birthplace (city or place) (State or Country): Idaho.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: W.P.A.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
16. Date (month and year) last engaged in this work: 5/5/40, 19__ — 17. Total time (years) spent in this work: one	25. Date (month and year) last engaged in this work: 5/5/40, 19__ — 26. Total time (years) spent in this work: one

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
one
(a) Born alive and now living 0 (b) Born alive but now dead ____ (c) Stillborn one

29. If stillborn, period of gestation full term (months or weeks)
30. Cause of stillbirth: Before labor ____ During labor prolapse of cord

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas. A. Meyer, M. D.
or ____, Midwife.
Address Troy, Idaho.
Filed 5/10/40, 193 Mrs Chas A. Meyer Registrar

Give name added from a supplemental report ____
(Date of) ____
Registrar.



United States
Department of Commerce
Bureau of the Census

MAY 13 1940

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 11912
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Troy
   (c) Street Address or R. F. D. No. #3
   (d) Death Occurred Inside? Outside? * city or town
   (e) Died in a Home * Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Troy
   (d) Street Address or R. F. D. No. #3
   (e) Deceased lived Inside? Outside? * city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ronald Elmer Campbell

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 5, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Stillbirth			hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Troy, Idaho (City or town) (State or foreign country)

Father
12. Name Elmer M. Campbell
13. Birthplace Portland, Ore. (City or town) (State or foreign country)

Mother
14. Maiden name Norma Gleason
15. Birthplace Hayward, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elmer M. Campbell
and Address Troy, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1940 (Month) (Day) (Year)
(c) Place: Westdala Cementery, Troy
18. Funeral Director's **OWN** Signature G. E. Alden
and Address Troy, Idaho
19. (a) (Date received and filed) (b) Mrs C A Meyer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 5 1940
at 10 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from May 5 1940 to May 5 1940
I last saw him alive on no time 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Asphyxia neonatorum
Due to Prolapse of Cord
Due to Breech presentation
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Chas. G. Meyer M.D.
(M. D. or other)
and Address Troy Ida. Date 5/10 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—ANSWER ALL QUESTIONS—USE FULL NAMES—GIVE ALL INFORMATION ASKED FOR—one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 293287

RECEIVED
APR 11 1940

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. ____ St.
Hasla B. Rigby Hospital
(If born in hospital or institution give name.)

Registration District No. 630 State File No. ____
Prim. Registration District No. 2178 Local Registrar's No. 94

2. FULL NAME OF CHILD ____

3. Sex: MALE
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature yes Full term ____
7. Legitimate? yes
8. Date of birth March 22 1940 (Month, Day, Year)

FATHER

9. Full name: Cecil Busbank
10. Residence (usual place of abode) (If non-resident, give place and State): Newdale
11. Color or race: W | 12. Age at last birthday ____ (years)
13. Birthplace (city or place) (State or Country): Georgetown, Ida.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Laborer
16. Date (month and year) last engaged in this work: Present, 19____
17. Total time (years) spent in this work: present

MOTHER

18. Full maiden name: Pearl Thomas
19. Residence (usual place of abode) (If non-resident, give place and State) ____
20. Color or race: W | 21. Age at last birthday: 24 (years)
22. Birthplace (city or place) (State or Country): Wilford Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
25. Date (month and year) last engaged in this work: Present, 19____
26. Total time (years) spent in this work: 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% Mercurochrom

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 6 months { months or weeks
30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

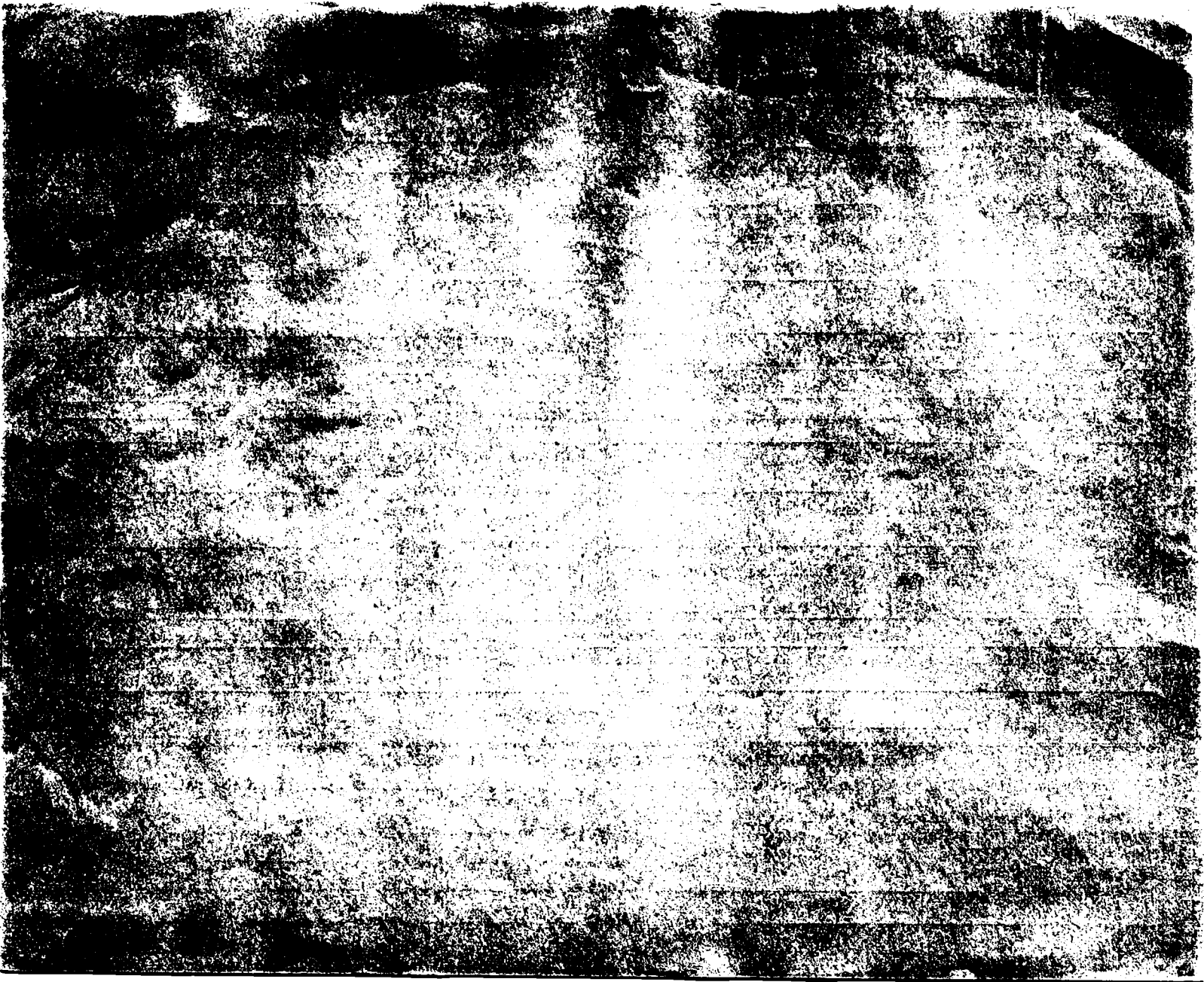
I hereby certify that I attended the birth of this child, who was Stillborn at 2 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) A B Rigby, M. D.
or ____, Midwife
Address ____

Filed 4-9, 1940 Jno. H. Eyring Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 11 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11912
Local Reg. No. 27
Reg. Dist. No. 630

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Rigby Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Stillborn Burbank

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M race W
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 22 - 1940

8. AGE	Years	Months	Days	If less than 1 day hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name Orel Burbank
13. Birthplace Georgetown (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Pearl Thomas
15. Birthplace Wilford (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Orel Burbank and Address Ryndale Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-23-40 (Month) (Day) (Year)
(c) Place: Wilford, Idaho
18. Funeral Director's **OWN** Signature none and Address
19. (a) 5-10-40 (Date received and filed) (b) Mrs. W. E. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 22 - 1940 at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from March 22 1940, to March 22 1940
I last saw h— alive on 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Non-viability (5½ Mo) (Prematurity)	
Due to Premature Labor	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Clifford B. Rigby M.D. (M. D. or other)
and Address Sugar City, Ida. Date 3-22-1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

3870

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. 165 N 2nd West St.
(If born in hospital or institution give name.)

RECEIVED MAY 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 293298

Registration District No. 630 State File No.
Prim. Registration District No. 2178 Local Registrar's No. 98

2. FULL NAME OF CHILD Stillborn infant

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature ✓ Full term ~~near~~ | 7. Legitimate? Yes | 8. Date of birth 4 17, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Wilford Eckersell	18. Full maiden name Cora ~~Smith~~ Berry
10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg	19. Residence (usual place of abode) (If non-resident, give place and State) Rexburg
11. Color or race W	12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Idaho	22. Birthplace (city or place) (State or Country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pool Hall operator	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work
	25. Date (month and year) last engaged in this work ....., 19....
	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8½ months { months or weeks

30. Cause of Stillbirth Congenital Hydrocephalus { During labor Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~Born Alive or~~ Stillborn) at 3-45 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

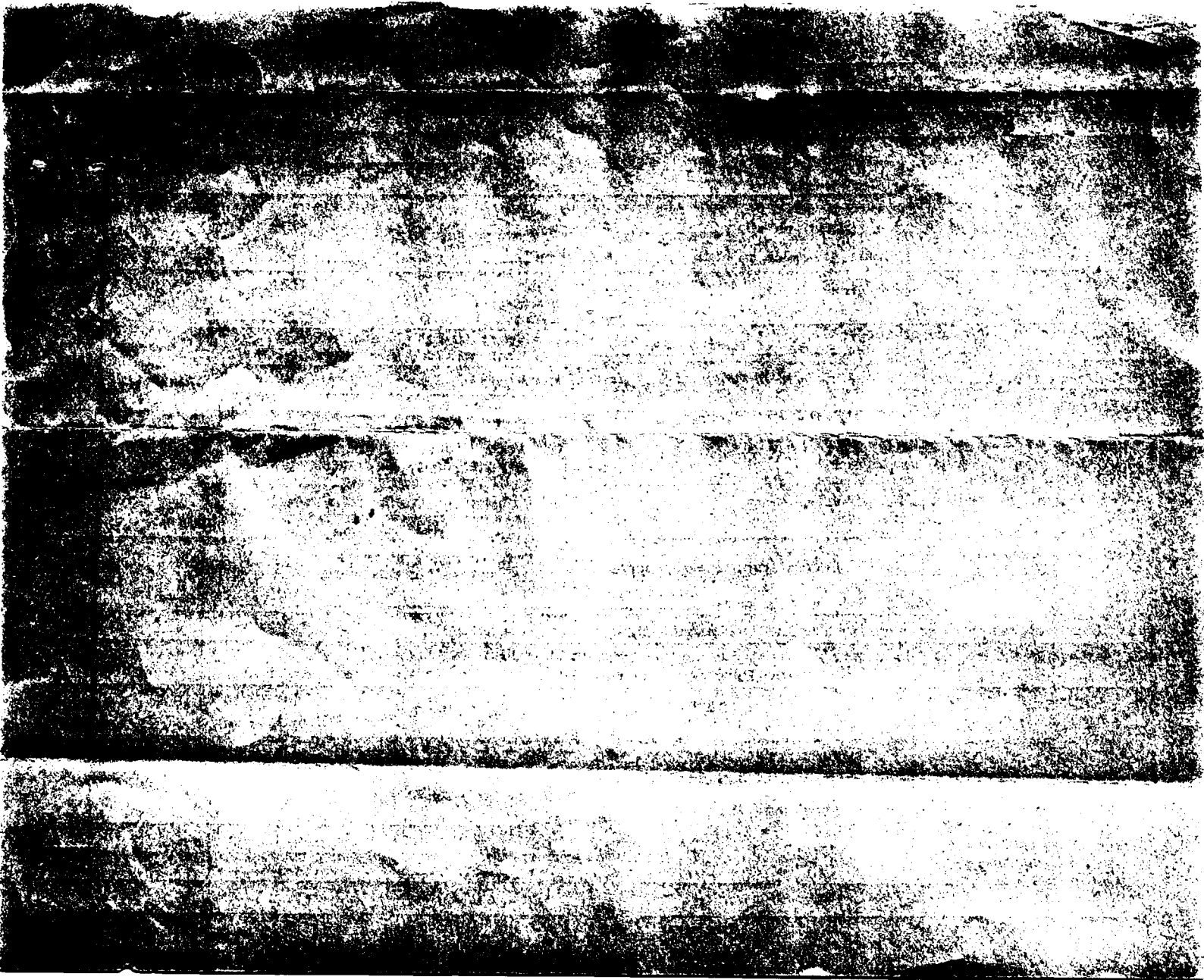
Registrar.

(Signed) Lavina A Rich, M. D.

or ....., Midwife

Address Rexburg Idaho

Filed 5-9-, 1940 Mrs Heyrung Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

RECEIVED
MAY 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22
Primary Registration District No. 630
(No. ....)

DO NOT WRITE IN THIS SPACE
State File No. 11912

Local Registrar's No. ....

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Still Born Baby - Eckersell

(a) Residence No. 165 - N 1st west St. Rexburg Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of infant

6. DATE OF BIRTH (month, day, and year) 4-17-40

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rexburg
(State or country) Idaho

FATHER

13. NAME Wilford Eckersell

14. BIRTHPLACE (city or town) Rexburg
(State or country) Idaho

MOTHER

15. MAIDEN NAME Cora Rathy

16. BIRTHPLACE (city or town) Rexburg
(State or country) Idaho

17. INFORMANT Wilford Eckersell,
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 4-17, 1940

19. UNDERTAKER None
(Address)

20. FILED 4-17, 1940 Mrs H Eggleston
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/17 1940

22 I HEREBY CERTIFY, That I attended deceased from 4-17, 1940, to 4-17, 1940.

I last saw him ~~alive on~~ 4-17- 1940.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Stillborn	
Other **contributory causes** of importance:	
Congenital Hydrocephalus	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lorin F. Rich, M. D.
(Address) Rexburg Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Inf. taken from Death Cert.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 293300

Registration District No. 220 State File No.

Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St. Joseph St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Anna Jean McConville - stillborn

3. Sex: F

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? Yes

8. Date of birth Jan 3, 1940 (Month, Day, Year)

FATHER

9. Full name: James McConville

10. Residence (usual place of abode) (If non-resident, give place and State): Lapwai

11. Color or race: Ind | 12. Age at last birthday: X (years)

13. Birthplace (city or place) (State or Country): Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: X

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: , 19

17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Aggie Spencer

19. Residence (usual place of abode) (If non-resident, give place and State): Lapwai, Idaho

20. Color or race: Ind | 21. Age at last birthday: X (years)

22. Birthplace (city or place) (State or Country): Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: X

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: , 19

26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? X

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living X (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation - months or weeks

30. Cause of stillbirth - Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

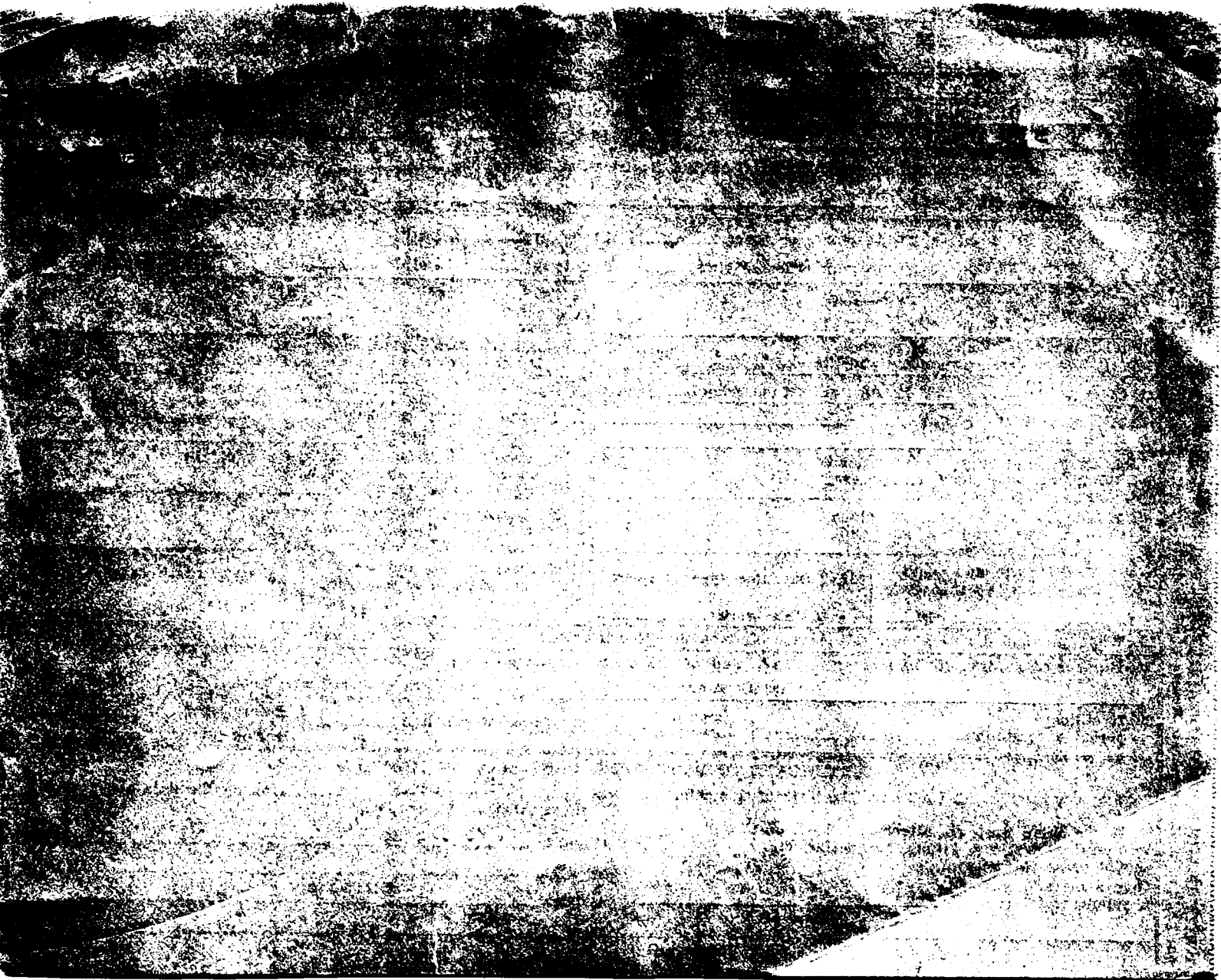
Registrar.

(Signed) M. J. McRae, M. D.

or , Midwife

Address Lewiston

Filed Jan 25, 1940 Mac B. McQueen
Registrar.



STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 11913

RECEIVED FEB 10 1940

1. PLACE OF DEATH

County of Nez Perce — Registration Dist. No. 220

City of Lewiston — Primary Reg. Dist. No. 96

St Joseph Hospital (Home, Hospital or Institution) — Local Registrar's No.

If death occurred in hospital or institution give its name, instead of street and number.

Length of residence in County where death occurred: Yrs. 0. | Mos. 0. | Days 0.

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Anna Jean Mc Conville

(a) Residence: Lapwai Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE ✓ FEMALE

4. White, Black, Yellow, Red: Red.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Still born Infant

6. Date of Birth (Month, day and year): Jan 3, 1940

7. AGE — Years: 0 | Months: 0 | Days: 0 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Lewiston Idaho

Father

13. NAME: James Mc Conville

14. BIRTHPLACE (City or Town, County and State, or Country): Idaho

Mother

15. MAIDEN NAME: Aggie Spencer

16. BIRTHPLACE (City or Town, County and State, or Country): Lapwai Idaho

17. SIGNATURE OF INFORMANT: Helen Gyokind

(Address): Lapwai Idaho

18. BURIAL, CREMATION OR REMOVAL: Burial

Place: Lapwai Idaho — Date: Jan 6 1940

19. UNDERTAKER: Roy M Grim Brower Wann Co.

(Address): Lewiston Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Jan 25 1940 (Date) by Mark M Queen MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1940, to 1-3 1940

I last saw her alive on 1-3 1940 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Syphilis	1940	1	3
Unknown			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? Lapwai Idaho

Name of operation: None date of

Condition for which performed

What test confirmed diagnosis? History of Case

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry___ home___ public place___

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) J J McRae M. D.

(Address) Lewiston Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

RECEIVED APR 10 1940

County of Nez Perce

City of Lewiston, Idaho

No. 1504 - Main St.

The White Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

293301

Registration District No. 220 State File No.

Prim. Registration District No. 96 Local Registrar's No.

2. FULL NAME OF CHILD Donald John Schultz.

3. Sex M. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? no. | 8. Date of birth May 21, 1940. (Month, Day, Year)

FATHER

9. Full name Lyman Haines

10. Residence (usual place of abode) (If non-resident, give place and State) Missoula, Mont.

11. Color or race W. | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) ?

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Forestry Service

16. Date (month and year) last engaged in this work Present time, 1940

17. Total time (years) spent in this work ?

MOTHER

18. Full maiden name Estella Ellen Gray.

19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Ida.

20. Color or race W. | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Spokane. Wash.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Waitress.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Cafe.

25. Date (month and year) last engaged in this work Present time 1940.

26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months { months or weeks

30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 10 IV a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) E. L. White, M. D.

or , Midwife

Address

Filed April 5, 1940 Mary M. Duncan M.D.

Registrar.

Registrar.

CERTIFICATE OF BIRTH

Registration District No. _____ Registration No. _____

1. Place of birth: (If in a hospital or institution give name)

2. Usual residence of mother

3. Name and surname of child

4. Sex

5. If twin, triplet, or other plural birth, was this child first, second, third, etc.?

6. If not first child, how many children previously born to this mother are now living? _____ Now dead? _____

7. Date of birth

8. Name, surname, and maiden surname of mother

9. Age at last birthday

10. Birthplace (city or place)

11. Birthplace (State or Country)

12. Trade, profession, or particular kind of work done, as spinner, weaver, bricklayer, etc.

13. Industry or business in which work done, as silk mill, _____ factory, etc.

14. Total time (years) spent in trade, profession, or particular work

15. Name of father

16. Age at last birthday

17. Birthplace (city or place)

18. Birthplace (State or Country)

19. Trade, profession, or particular kind of work done, as plumber, engineer, laborer, etc.

20. Industry or business in which work done, as silk mill, _____ factory, etc.

21. Total time (years) spent in trade, profession, or particular work

22. Informant

23. Address

24. Date received by Registrar

25. Number of children of this mother now living

26. Number of children of this mother now dead

27. Was midwife or physician in attendance at birth?

28. Was midwife or physician present at birth?

29. Was midwife or physician present at birth?

30. Was midwife or physician present at birth?

31. Was midwife or physician present at birth?

32. Was midwife or physician present at birth?

33. Was midwife or physician present at birth?

34. Was midwife or physician present at birth?

35. Was midwife or physician present at birth?

36. Was midwife or physician present at birth?

37. Was midwife or physician present at birth?

38. Was midwife or physician present at birth?

39. Was midwife or physician present at birth?

40. Was midwife or physician present at birth?

41. Was midwife or physician present at birth?

42. Was midwife or physician present at birth?

43. Was midwife or physician present at birth?

44. Was midwife or physician present at birth?

45. Was midwife or physician present at birth?

46. Was midwife or physician present at birth?

47. Was midwife or physician present at birth?

48. Was midwife or physician present at birth?

49. Was midwife or physician present at birth?

50. Was midwife or physician present at birth?

51. Was midwife or physician present at birth?

52. Was midwife or physician present at birth?

53. Was midwife or physician present at birth?

54. Was midwife or physician present at birth?

55. Was midwife or physician present at birth?

56. Was midwife or physician present at birth?

57. Was midwife or physician present at birth?

58. Was midwife or physician present at birth?

59. Was midwife or physician present at birth?

60. Was midwife or physician present at birth?

61. Was midwife or physician present at birth?

62. Was midwife or physician present at birth?

63. Was midwife or physician present at birth?

64. Was midwife or physician present at birth?

65. Was midwife or physician present at birth?

66. Was midwife or physician present at birth?

67. Was midwife or physician present at birth?

68. Was midwife or physician present at birth?

69. Was midwife or physician present at birth?

70. Was midwife or physician present at birth?

71. Was midwife or physician present at birth?

72. Was midwife or physician present at birth?

73. Was midwife or physician present at birth?

74. Was midwife or physician present at birth?

75. Was midwife or physician present at birth?

76. Was midwife or physician present at birth?

77. Was midwife or physician present at birth?

78. Was midwife or physician present at birth?

79. Was midwife or physician present at birth?

80. Was midwife or physician present at birth?

81. Was midwife or physician present at birth?

82. Was midwife or physician present at birth?

83. Was midwife or physician present at birth?

84. Was midwife or physician present at birth?

85. Was midwife or physician present at birth?

86. Was midwife or physician present at birth?

87. Was midwife or physician present at birth?

88. Was midwife or physician present at birth?

89. Was midwife or physician present at birth?

90. Was midwife or physician present at birth?

91. Was midwife or physician present at birth?

92. Was midwife or physician present at birth?

93. Was midwife or physician present at birth?

94. Was midwife or physician present at birth?

95. Was midwife or physician present at birth?

96. Was midwife or physician present at birth?

97. Was midwife or physician present at birth?

98. Was midwife or physician present at birth?

99. Was midwife or physician present at birth?

100. Was midwife or physician present at birth?

United States
Department of Commerce
Bureau of the Census

APR 10 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11913
Local Reg. No.
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County NezPerce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 622 Main
(d) Death Occurred Inside? In Outside? ....city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. Whites Hos. Stayed.....days
(g) Lived in this county 6 years.....months.....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 622 Main
(e) Deceased lived Inside? ....Outside? ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.? ....
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** Donald Schultz

3. (b) If veteran, name war No
3. (c) Social Security No. No
5. Color or race White
6. (a) Single, widowed, married, divorced
4. Sex Male
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 20, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation ..... Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lewiston Idaho (City or town) (State or foreign country)

Father
12. Name Lyman Haines
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Estella Ellen Gray
15. Birthplace Spokane Wash. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Estella Ellen Schultz
and Address Lewiston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23, 1940 (Month) (Day) (Year)
(c) Place: Lewiston Idaho
18. Funeral Director's **OWN** Signature Roy M Grim
and Address Lewiston Idaho
19. (a) April 1, 1940 (Date received and filed) (b) Mace M Runnion MD (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20, 1940
at .....o'clock .....M.

21. **I HEREBY CERTIFY,** That I attended deceased from .....19....., to.....19.....
I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still Born — Duration
Due to Cause unknown
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation ..... Date.....
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

23. Attendant's **OWN** Signature E. L. White (M. D. or other)
and Address Lewiston Date 3-29 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. ..... St.
St Joseph's
(If born in hospital or institution give name.)

RECEIVED
MAY 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

238402

Registration District No. 220 State File No. .....
Prim. Registration District No. 96 Local Registrar's No. .....

2. FULL NAME OF CHILD Baby Saasman

3. Sex: Male
(If plural births) 4. Twin, triplet, or other..... 5. Number, in order of birth.....
6. Premature X Full term.....
7. Legitimate? Yes
8. Date of birth April 17 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Lawrence Saasman	18. Full maiden name: Alta Osborn
10. Residence (usual place of abode) (If non-resident, give place and State): Clarkston Wash.	19. Residence (usual place of abode) (If non-resident, give place and State): Clarkston Wash.
11. Color or race: W	20. Color or race: W
12. Age at last birthday: unknown (years)	21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or country): Clarkston Washington	22. Birthplace (city or place) (State or country): Nebraska
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation..... months or weeks
30. Cause of stillbirth. Premature
Before labor.....
During labor.....

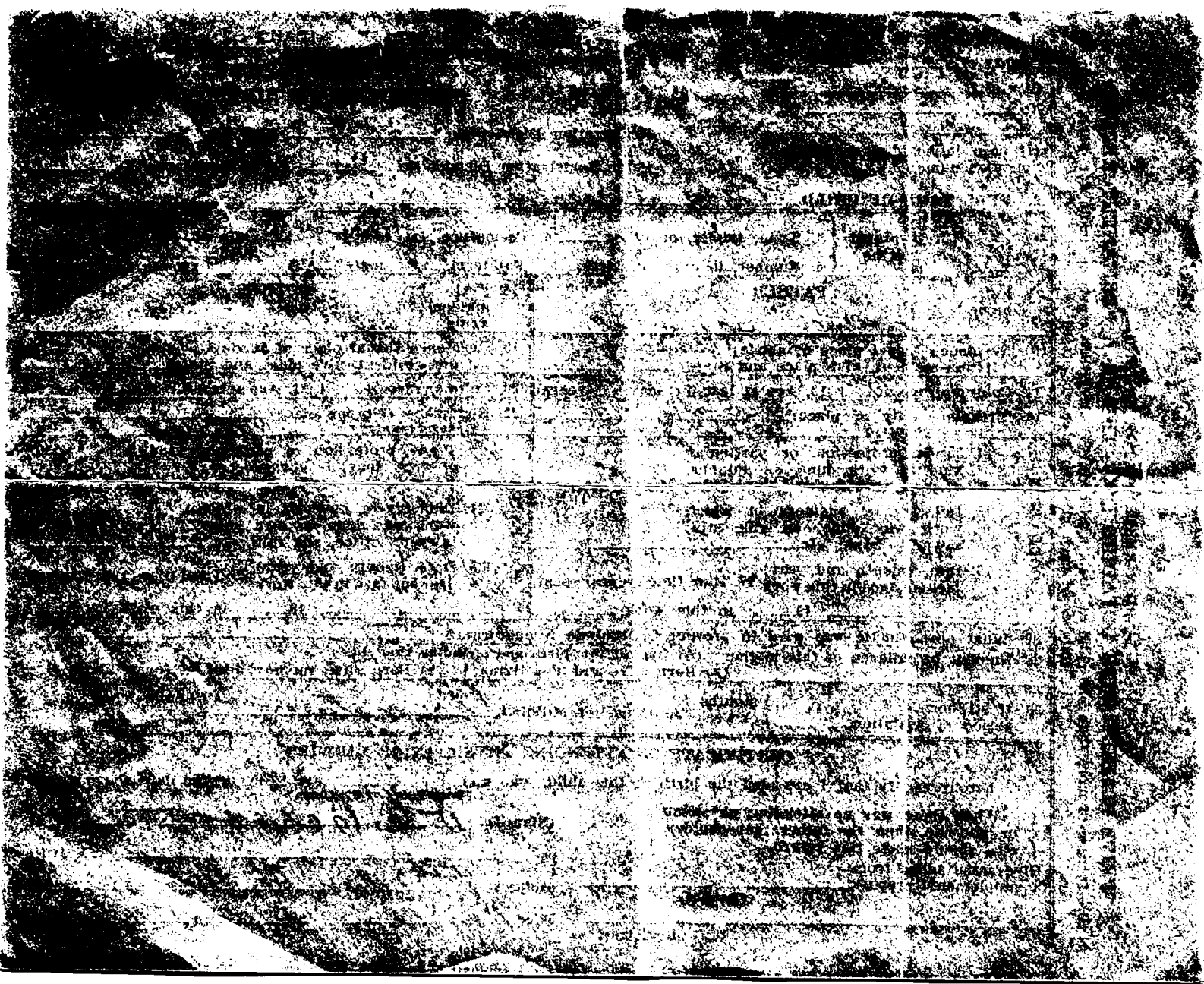
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Living, or Stillborn) at 2:20 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....
(Date of)
.....
Registrar.

(Signed) H. E. Carson, M. D.
or ....., Midwife
Address 9th & Main St. Lewiston, Idaho
Filed May 10, 1940 Mae B. M. Runnels
Registrar.



119133

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 13 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State — (b) County —
(c) City or town —
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Sassman

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 17, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Still Born			hrs — min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Father
12. Name Lawrence Sassman
13. Birthplace Clarkston, Washington (City or town) (State or foreign country)

Mother
14. Maiden name Alta Osborne
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lawrence Sassman
and Address Clarkston, Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/40 (Month) (Day) (Year)
(c) Place: Clarkston, Washington
18. Funeral Director's **OWN** Signature H. R. Merchant
and Address Clarkston, Wash
19. (a) May 8, 1940 (Date received and filed) (b) Marie M. Thurman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 17 1940
at o'clock M.

21. I **HEREBY CERTIFY,** That I attended deceased from Apr 17 1940 to April 17 1940
I last saw h— alive on Apr 17 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Premature Birth — 4½ M
Due to Don't Know — Pregnancy
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation — Date
Major finding
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. C. Cameron MD (M. D. or other)
and Address 9th & Main, Lewiston Date 4-26 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
Due to.....*Skull fracture*.....	.....*1 day*.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of A. O. Merchant Lic. No. E 98 at..... on.....
ADDITIONAL REMARKS .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAY 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293303 S

Registration District No. 530 State File No.
Prim. Registration District No. 1069 Local Registrar's No. 47

1. PLACE OF BIRTH
County of Oneida
City of Malad Ida
No. Oneida Community St.
Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn Diedrickson

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature — Full term
7. Legitimate? yes
8. Date of birth April 19, 1940 (Month, Day, Year)

FATHER

9. Full name: Dewey Diedrickson
10. Residence (usual place of abode) (If non-resident, give place and State): Malad Ida
11. Color or race: W | 12. Age at last birthday: 41 (years)
13. Birthplace (city or place) (State or Country): Malad

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own farm
16. Date (month and year) last engaged in this work: Present, 19
17. Total time (years) spent in this work: Always

MOTHER

18. Full maiden name: Olive Diena Hartley
19. Residence (usual place of abode) (If non-resident, give place and State): Malad Ida
20. Color or race: W | 21. Age at last birthday: 37 (years)
22. Birthplace (city or place) (State or Country): Roskland, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: H W
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
25. Date (month and year) last engaged in this work: Present, 19
26. Total time (years) spent in this work: 16

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation: eight months (months or weeks)
30. Cause of Stillbirth: During labor Monster; Before labor

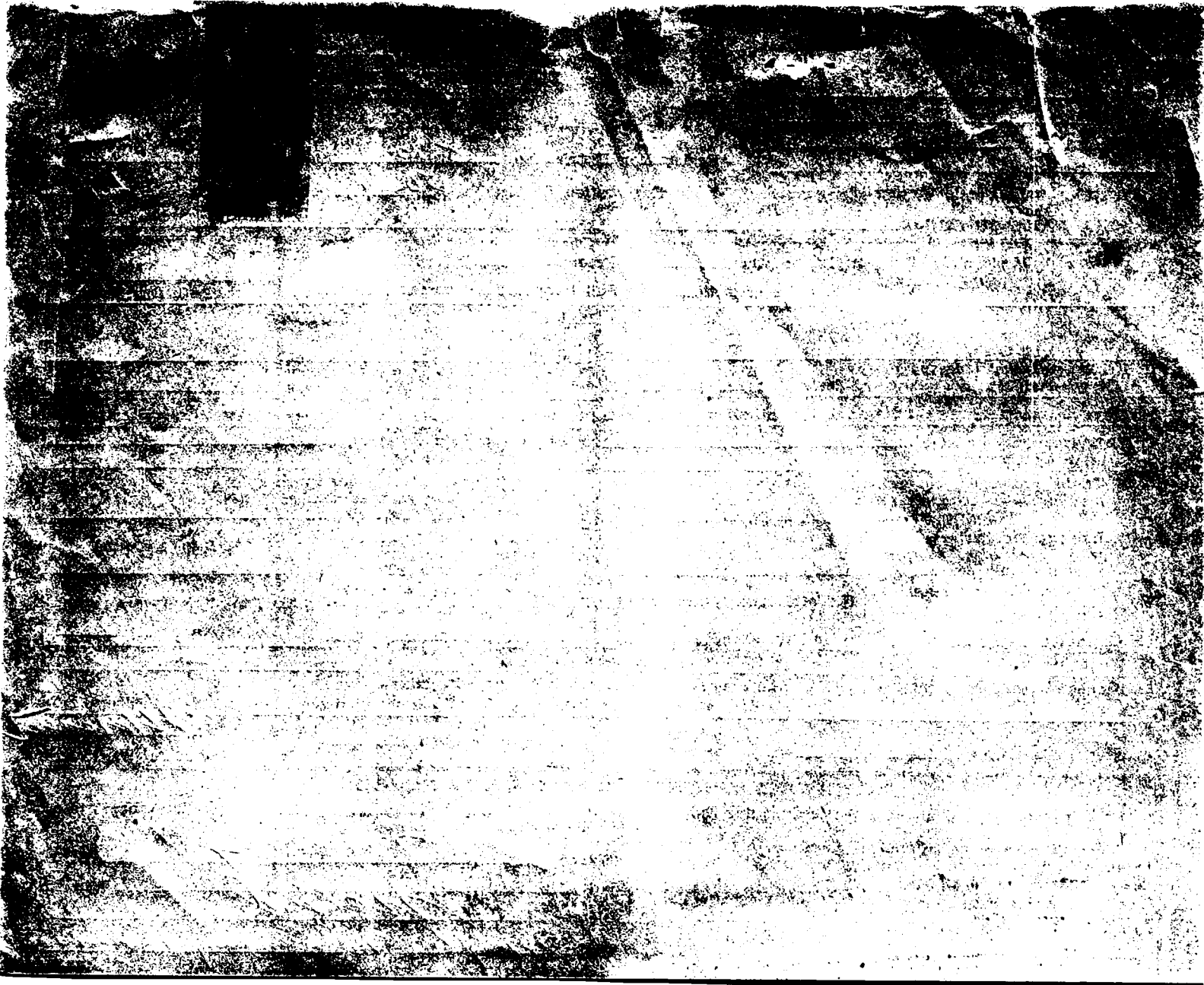
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 12 p m. on the date above stated.
(~~Born Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) O H Maley, M. D.
or , Midwife
Address Malad
Filed May 6, 1940 J Guy Benson
Registrar.



RECEIVED
MAY 7 19[illegible]

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11913
Local Reg. No. 7
Reg. Dist. No. 570

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst Oneida Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Stillborn Baby Fredrickson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				Still born hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Malad (City or town) Idaho (State or foreign country)

Father
12. Name Dewey Fredrickson
13. Birthplace Malad (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Olive Irene Hartley
15. Birthplace Rockland (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Dewey Fredrickson and Address Malad Ida
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-19-40 (Month) (Day) (Year)
(c) Place: Malad
18. Funeral Director's **OWN** Signature and Address
19. (a) May 6-1940 (Date received and filed) (b) J. Guy Keenan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 19 1940
at o'clock M.

21. I **HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Malformation
Stillborn
Due to Placenta previa
Hydramnion
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. A. Mabey (M. D. or other)
and Address Malad Date 5-6 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 294546

MAY 29 1940

1. PLACE OF BIRTH
County of Ada 433-44
City of Boise 001-315
No. St. Lukes Hospital - Boise St.
(If born in hospital or institution give name.)

Registration District No. 370 State File No.
Prim. Registration District No. 4 Local Registrar's No. 414

2. FULL NAME OF CHILD Michael Dean McCarty

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term Yes
7. Legitimate? Yes
8. Date of birth 3-16-40, 1940 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	Lester Dean McCarty	18. Full maiden name	Marjorie Lanchton
10. Residence (usual place of abode) (If non-resident, give place and State)	Boise, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	
11. Color or race	W	20. Color or race	W
12. Age at last birthday	28 (years)	21. Age at last birthday	23 (years)
13. Birthplace (city or place) (State or Country)	Logan, Utah	22. Birthplace (city or place) (State or Country)	Williston, North Dakota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Steward Sunset Club	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	, 19	25. Date (month and year) last engaged in this work	, 19
17. Total time (years) spent in this work	2	26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 2

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 11 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

(Signed) N. A. Poulsen, M. D.
or , Midwife
Address Boise
Filed 5-31, 1940 N. Shark
Registrar.

CERTIFICATE OF RENEWAL

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 11951
Local Reg. No. 56
Reg. Dist. No. 370

RECEIVED MAR 15 1940

1. **PLACE OF DEATH:**
(a) County ADA
(b) City or town BOISE
(c) Street Address ~~or R.F.D. No.~~ 713½ Washington, St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. St. Lukes Stayed 0 days
(g) Lived in this county Stillborn months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 713½ Washington
(e) Deceased lived Inside? X Outside? ____ city or town
(f) If foreign born, in U. S. ____ yrs. Citizen of U. S.? Stillborn
(g) How long had deceased lived in Idaho Stillborn years
(h) Former residence (city, state) None

3. (a) **FULL NAME** MICHAEL DEAN McCARTY

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Still Born.

6. (b) Name of husband or wife None 6 (c) Age of husband or wife if alive None years

7. Date of Birth (Month, Day, Year) February 16, 1940

8. **AGE**

Years	Months	Days	If less than 1 day
Stillborn			hrs ____ min.

9. Exact Occupation None Did this work for ____ yrs.

10. Industry or Business None Date last worked None

11. Birthplace Boise (City or town) (State or foreign country)

Father
12. Name Dean McCarty
13. Birthplace Logan, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Marjorie Lanckton
15. Birthplace Williston, North Dakota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dean McCarty and Address 713½ Washington St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-40 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature W. Bratney, Funeral Home by Kenneth Bobby and Address Boise Ida

19. (a) 2-23-40 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 16 1940 at ____ o'clock ____ M.

21. I **HEREBY CERTIFY**, That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still Birth — Duration ____
Due to Ruptured Uterus
Due to Toxemia of pregnancy.
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Section Date 2/16/40
Major finding Ruptured Uterus - 2 days.
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature W. A. Foelsch MD (M. D. or other)
and Address Boise Date 2/19 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

294547

Registration District No. 370 State File No.

Prim. Registration District No. Local Registrar's No. 393

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St Lukes St.
Hospital.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby French.

3. Sex M | If plural births {4. Twin, triplet, or other 5. Number, in order of birth} | 6. Premature ✓ Full term | 7. Legitimate? ✓ | 8. Date of birth March 14, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edson French.	18. Full maiden name Anna Louise DuGnen
10. Residence (usual place of abode) (If non-resident, give place and State) 1515 N. 12 St	19. Residence (usual place of abode) (If non-resident, give place and State) 1515 N. 12th
11. Color or race W. | 12. Age at last birthday 39 (years)	20. Color or race W. | 21. Age at last birthday 39 (years)
13. Birthplace (city or place) Anoka (State or Country) Minn.	22. Birthplace (city or place) Park Rapids (State or Country) Minn.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Radio Tech.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Traffic Officer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work 1 yr.
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 4
1st Triplets born premature (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 4

29. If stillborn, period of gestation ..... {months or weeks} | 30. Cause of Stillbirth {During labor / Before labor}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

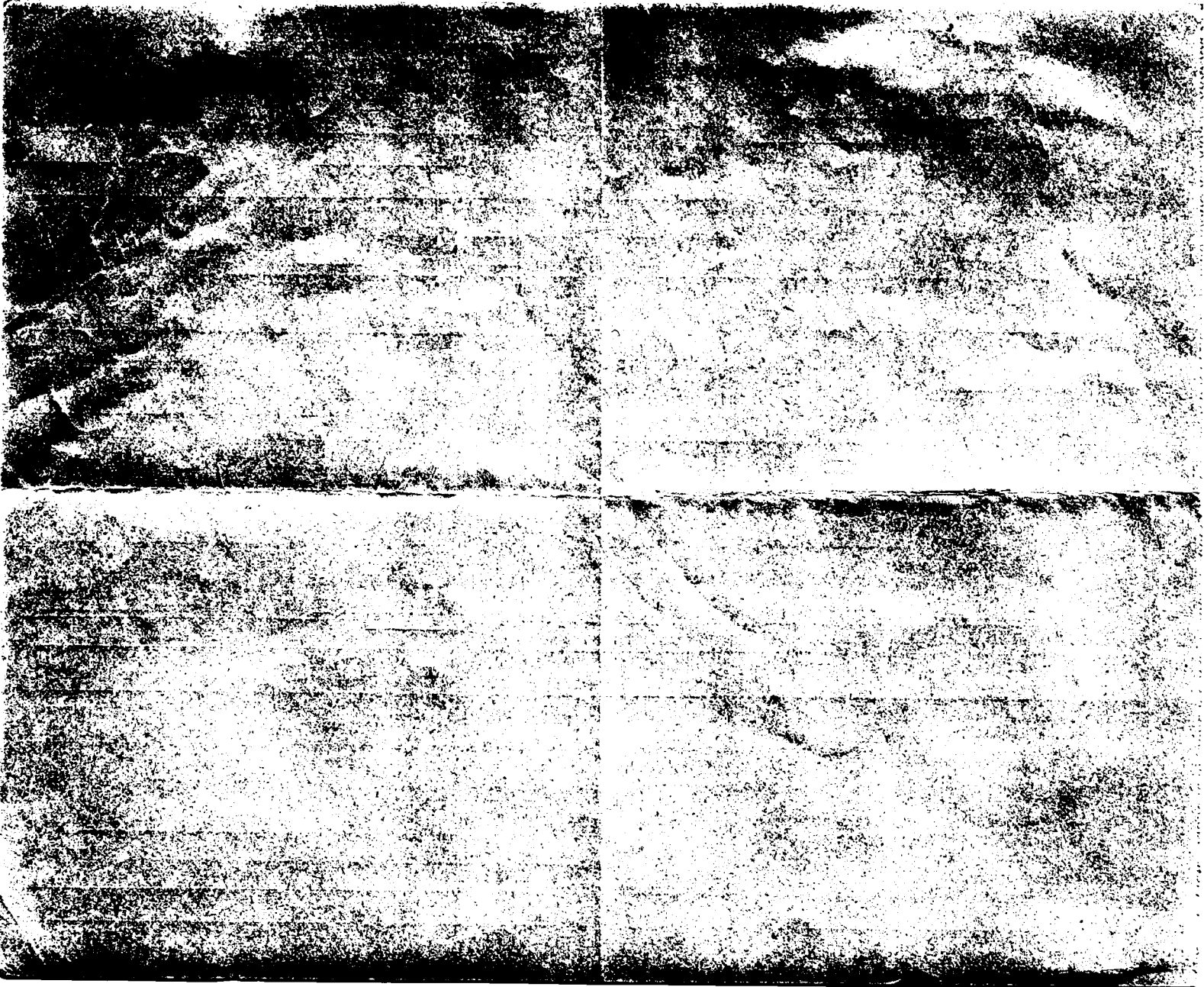
I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 4:00 P. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. W. Bonck, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed 5-29, 1940 R. Sharp
Registrar.



Dr. A. Boeck

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119515
Local Reg. No. 87
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital. X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed days
(g) Lived in this county 0 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 1515 N. 12th st.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME** BABY FRENCH

3. (b) If veteran, name war X
3. (c) Social Security No. X
5. Color or race White
6. (a) Single, widowed, married, divorced Baby
4. Sex Male
6. (b) Name of husband or wife X
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) March 14, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation Baby — Did this work for X yrs.
10. Industry or Business X — Date last worked X
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name A. Edson French
13. Birthplace Anoka, Minn. (City or town) (State or foreign country)

Mother
14. Maiden name Anna Louise Bufner
15. Birthplace Park Rapids, Minn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature A. Edson French and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-40 (Month) (Day) (Year)
(c) Place: Morris Hill cemetery
18. Funeral Director's **OWN** Signature McBratney Funeral Home and Address Boise, Idaho
19. (a) 3-15-40 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 14, 1940 19 at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Stillborn 8 month
period of gestation
Due to Toxemia of mother Sudden
causing death of child
Due to Albuminuria
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature A. Boeck M.D. (M. D. or other)
and Address Boise Ida. Date March 14 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 204548

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1617 N. 24th. St.
The Salvation Army Hospital
(If born in hospital or institution give name.)

Registration District No. 370 State File No.
Prim. Registration District No. Local Registrar's No. 339

2. FULL NAME OF CHILD Jerry Arnold (Stillborn)

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth 4-16-40, 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fred Arnold	18. Full maiden name Lida Welborn
10. Residence (usual place of abode) (If non-resident, give place and State) 807 N. Wash.	19. Residence (usual place of abode) (If non-resident, give place and State) 807 N. Wash.
11. Color or race W | 12. Age at last birthday 32 (years)	20. Color or race W | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) England	22. Birthplace (city or place) (State or Country) Okla. City
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typist	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ..., 19.. | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation full term months or weeks | 30. Cause of Stillbirth unknown During labor yes Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 5:20 at A.M. on the date above stated.
(Born Alive or Stillborn)

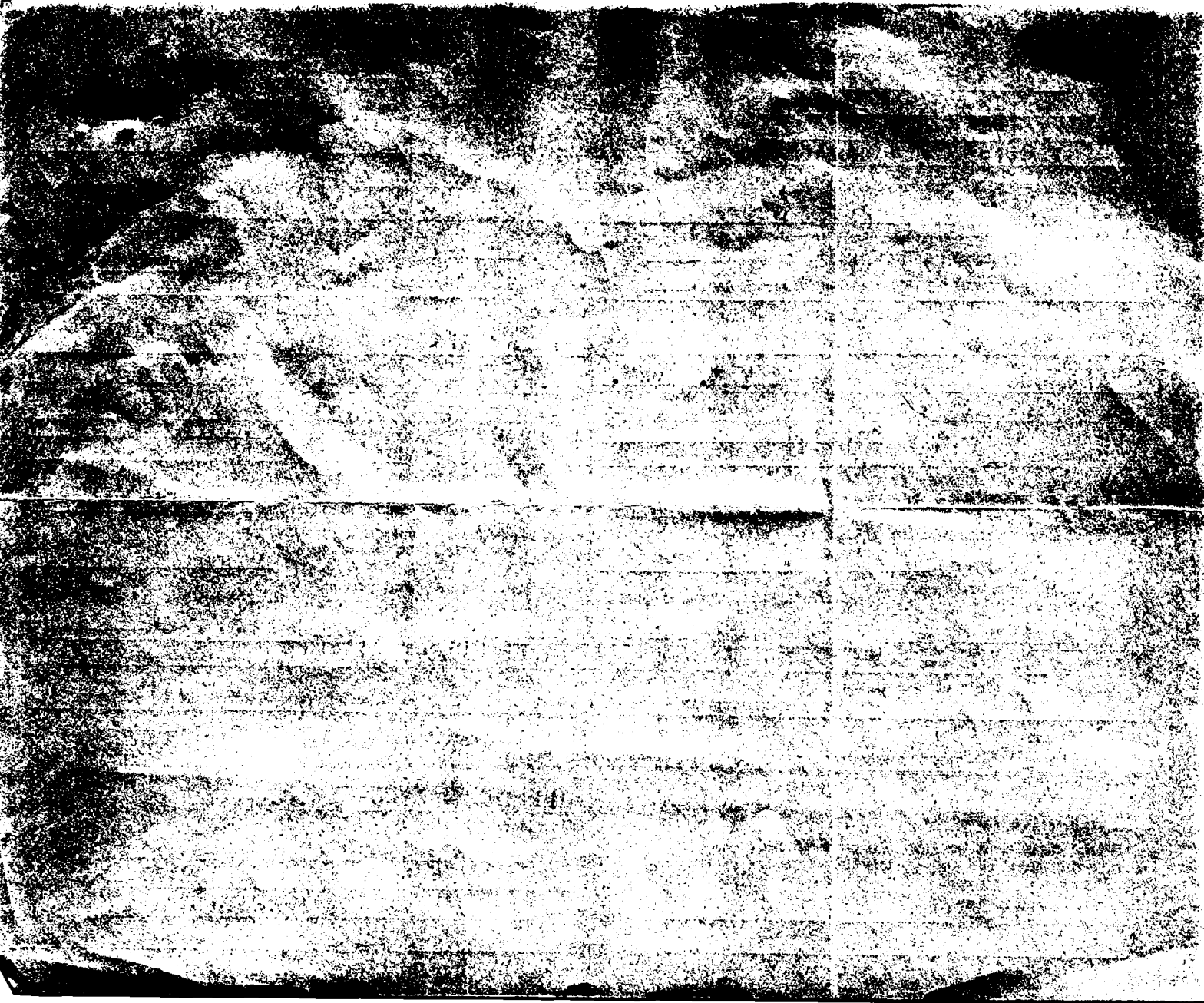
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Smith, M. D.
or ..., Midwife
Address Boise Idaho

Give name added from a supplemental report
(Date of)

Filed 5-9, 1940 N. Clark
Registrar.

Registrar.



Dr. J. Boeck

RECEIVED
MAY 11 1940

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11951
Local Reg. No. 130
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital or Institution Other place
(f) Name Hosp. or Inst. Salvation Army Mat. Home
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 807 Bannock. St.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? X years
(h) Former residence (city, state) X

3. (a) **FULL NAME** Baby Arnold

3. (b) If veteran, name war. X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) April 16, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation Baby — Did this work for X yrs.
10. Industry or Business X — Date last worked X
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Fred Arnold
13. Birthplace Plymouth, England (City or town) (State or foreign country)

Mother
14. Maiden name Lila Wellborn
15. Birthplace Oklahoma City, Okla. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred Arnold
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-40 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature
and Address Boise, Idaho
19. (a) 4-18-40 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 16, 1940 19
at 5:20 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from April 16 1940 to April 16 1940
I last saw him alive on April 16 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Cause unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John Boeck (M. D. or other)
and Address Boise Ida. Date 4-16-1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* *1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada Idaho

City of Boise Idaho

No. ____ St. St Alphonsus Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 294549

Registration District No. 370 State File No. ____

Prim. Registration District No. ____ Local Registrar's No. 413

2. FULL NAME OF CHILD Bruce Glenn Stevenson

3. Sex M

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth 1

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth 5-8-40 (Month, Day, Year)

FATHER

9. Full name Orval J Stevenson

10. Residence (usual place of abode) (If non-resident, give place and State) R#4 Boise

11. Color or race Cr. | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Rupert Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Jordan Construction

16. Date (month and year) last engaged in this work 2 Date, 1940

17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name Mabel Dorothy Kirby

19. Residence (usual place of abode) (If non-resident, give place and State) Same

20. Color or race Cr. | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Boise Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work 2 Date, 1940

26. Total time (years) spent in this work 8 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag

28. Number of children of this mother III (At time of this birth and including this child) (a) Born alive and now living II (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months ~~or weeks~~

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn / Born Alive at 11 a.m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. D. Springer, M. D.

or ____, Midwife

Address ____

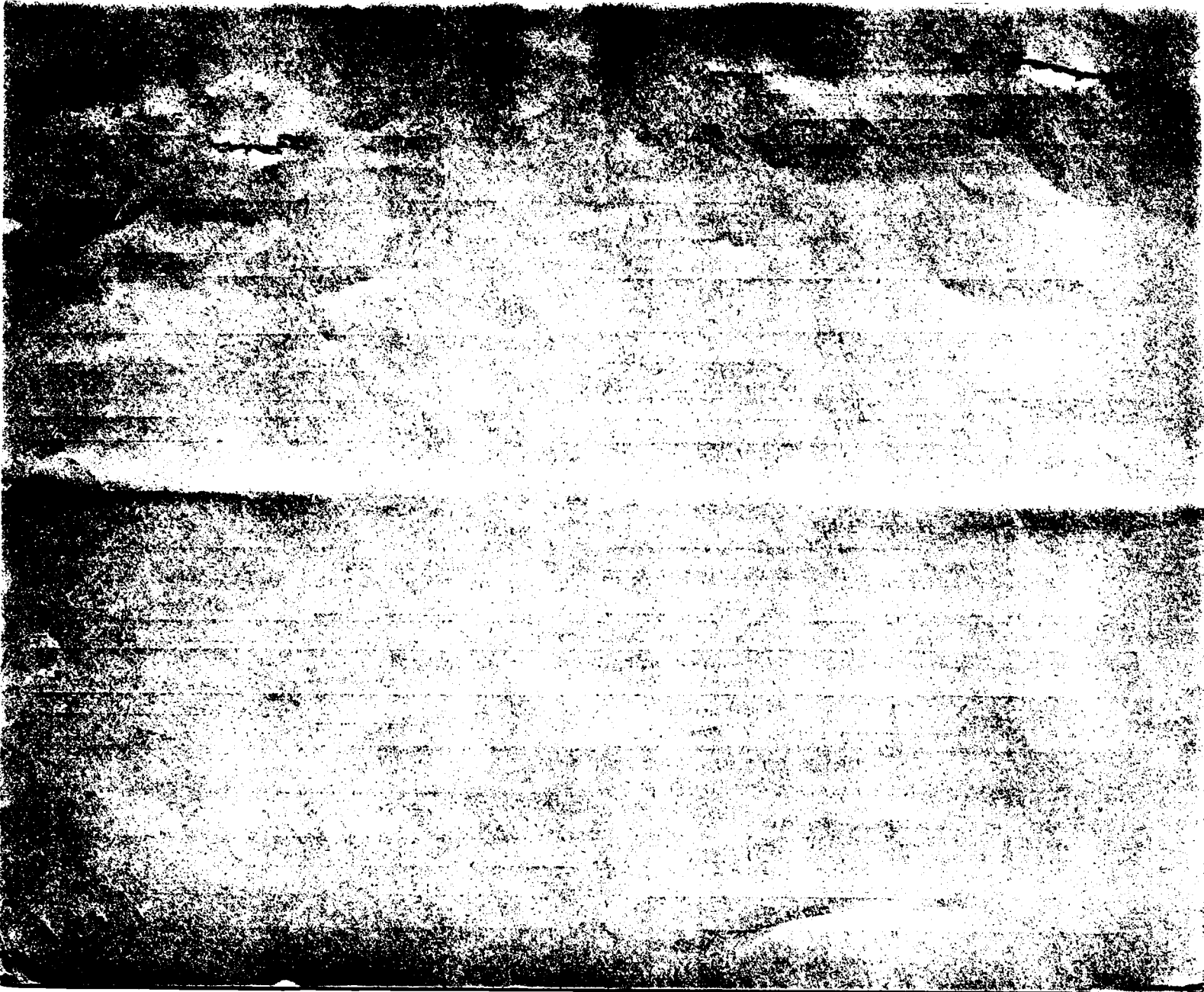
Give name added from a supplemental report ____

(Date of)

Filed 5-31, 1940 A. Clark

Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11951
Local Reg. No.
Reg. Dist. No. 376

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. [illegible]
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Alphinsus Still-born Stayed ..... days
(g) Lived in this county ..... years ..... months [illegible] days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State ------ (b) County ------
(c) City or town ----------
(d) Street Address or R. F. D. No. ------
(e) Deceased lived Inside? -- Outside? -- X city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? Still-born years
(h) Former residence (city, state) --------

3. (a) **FULL NAME** Bruce Glenn Stevenson

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ------
6 (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) May 8-1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation none — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Boise Idaho (City or town) (State or foreign country)

Father
12. Name Orville Allen Stevenson
13. Birthplace Rupert Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Mable Dorothy Kirby
15. Birthplace Boise Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Orville A. Stevenson and Address Route 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9-1940 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature [illegible] Cummings Funeral Home and Address Boise Idaho
19. (a) 5-13-40 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8-1940 19.....
at 11:00 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from ..... 19..... to 5-8-1940 19.....
I last saw h... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Probable cerebral hemorrhage	
Due to Injury - Forceps delivery	
Due to [illegible]	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. D. Springer (M. D. or other)
and Address Boise Idaho Date 5-10- 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY with UNFADING INK—THIS IS A PERMANENT RECORD. If twin or triplet, or in case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Hailey
No. ..... St.
Hailey Clinical Hosp.
(If born in hospital or institution give name.)

RECEIVED JUN 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 410 State File No. 294550
Prim. Registration District No. ..... Local Registrar's No. 52

2. FULL NAME OF CHILD Stanford

3. Sex M

If plural births: 4. Twin, triplet, or other .....; 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth 5-16-40 (Month, Day, Year)

FATHER

9. Full name Charles Stanford
10. Residence (usual place of abode) (If non-resident, give place and State) Carey, Ida
11. Color or race w | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Salt Lake City, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work 5-16-40, 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Bertha Werry
19. Residence (usual place of abode) (If non-resident, give place and State) Carey, Ida
20. Color or race w | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Bellevue, Ida.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work 5-16-40, 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation 4 1/2 mo. { months or weeks

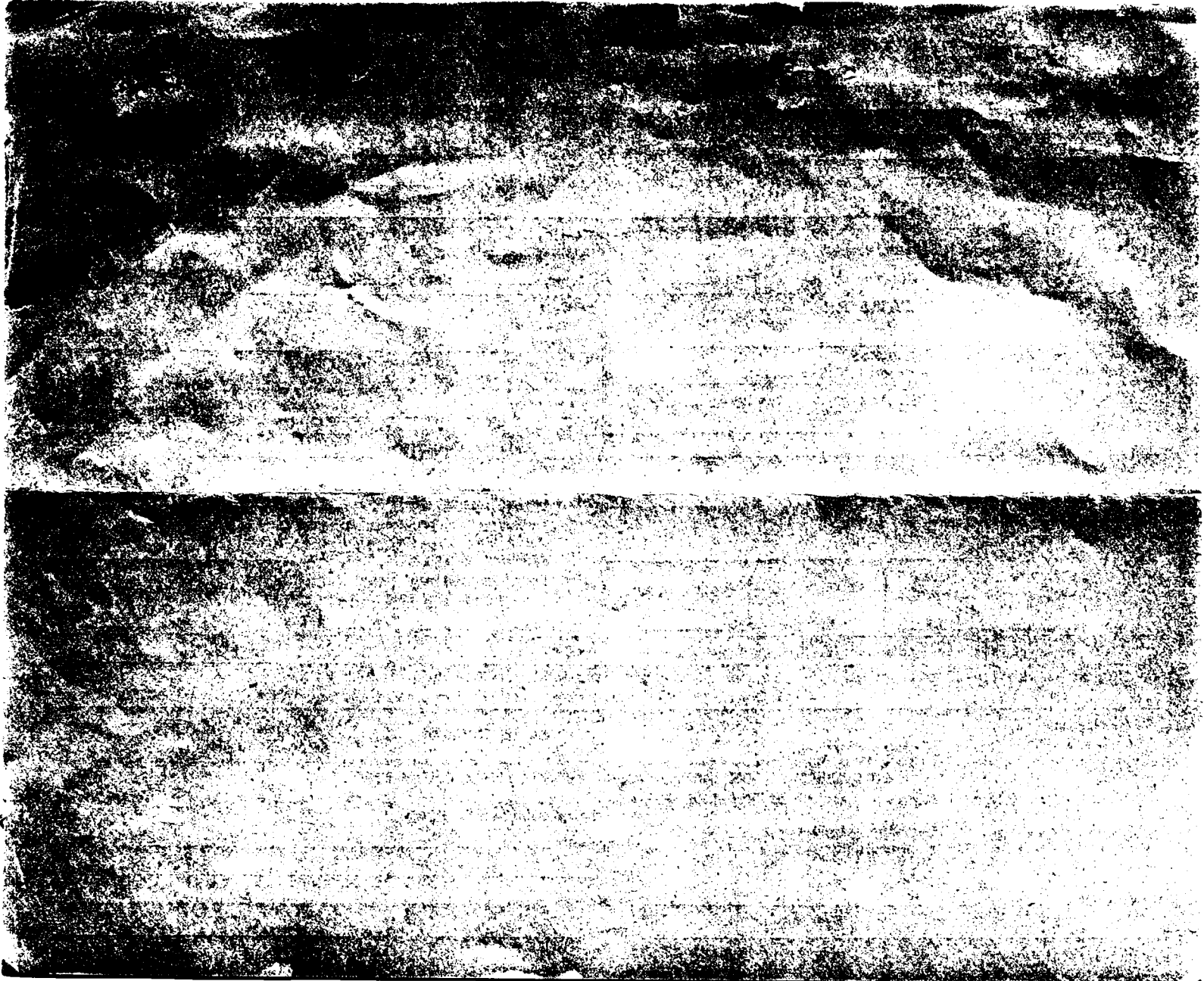
30. Cause of Stillbirth ..... { During labor ..... Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 7 P. m. on the date above stated.

(Signed) E. W. Tot, M. D.
or ....., Midwife
Address Hailey Idaho
Filed 6-2, 1940 Robert H. Wright
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED JUN 6 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11951
Local Reg. No. 20
Reg. Dist. No. 4 10

1. PLACE OF DEATH:
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No. /
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital/Institution ....Other place ....
(f) Name Hosp. or Inst. Hailey Clinical ..... Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Stanford

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male race White
5. Color or race White
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	STILLBORN		4 mo	hrs. [illegible]

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked —
11. Birthplace Hailey (City or town) Idaho (State or foreign country)

Father
12. Name Charles Stanford
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

Mother
14. Maiden name Bertha Weary
15. Birthplace Bellevue (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature .....
and Address Hailey, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/40 (Month) (Day) (Year)
(c) Place: Hailey, Idaho
18. Funeral Director's **OWN** Signature Family
and Address Carey, Idaho
19. (a) 6-7-1940 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16 1940
at 7 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 5/16, 1940; to 5/16 1940
I last saw h. alive on 5/16 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage from placenta Duration .....
Due to —
Due to .....
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Where was disease first contracted? .....
Name of operation — Date .....
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature E. W. [illegible] (M. D. or other)
and Address Hailey, Ida Date 5/17 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia: generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Cassia

City of Oakley Burley

No. ____ St. Home

(If born in hospital or institution give name.)

RECEIVED
JUN 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
204551

Registration District No. 470 State File No. ____

Prim. Registration District No. ____ Local Registrar's No. 131

2. FULL NAME OF CHILD ____

3. Sex Female | If plural births: 4. Twin, triplet, or other 1; 5. Number, in order of birth 6 | 6. Premature ____ Full term ✓ | 7. Legitimate? yes | 8. Date of birth May 14, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Alma Mitchell	18. Full maiden name: Mattie Baugh
10. Residence (usual place of abode) (If non-resident, give place and State): Burley Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Burley
11. Color or race W | 12. Age at last birthday 38 (years)	20. Color or race W | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country): Idaho Falls Ida	22. Birthplace (city or place) (State or Country): Logan Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: January, 1940 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work: January, 1940 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 11:45 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

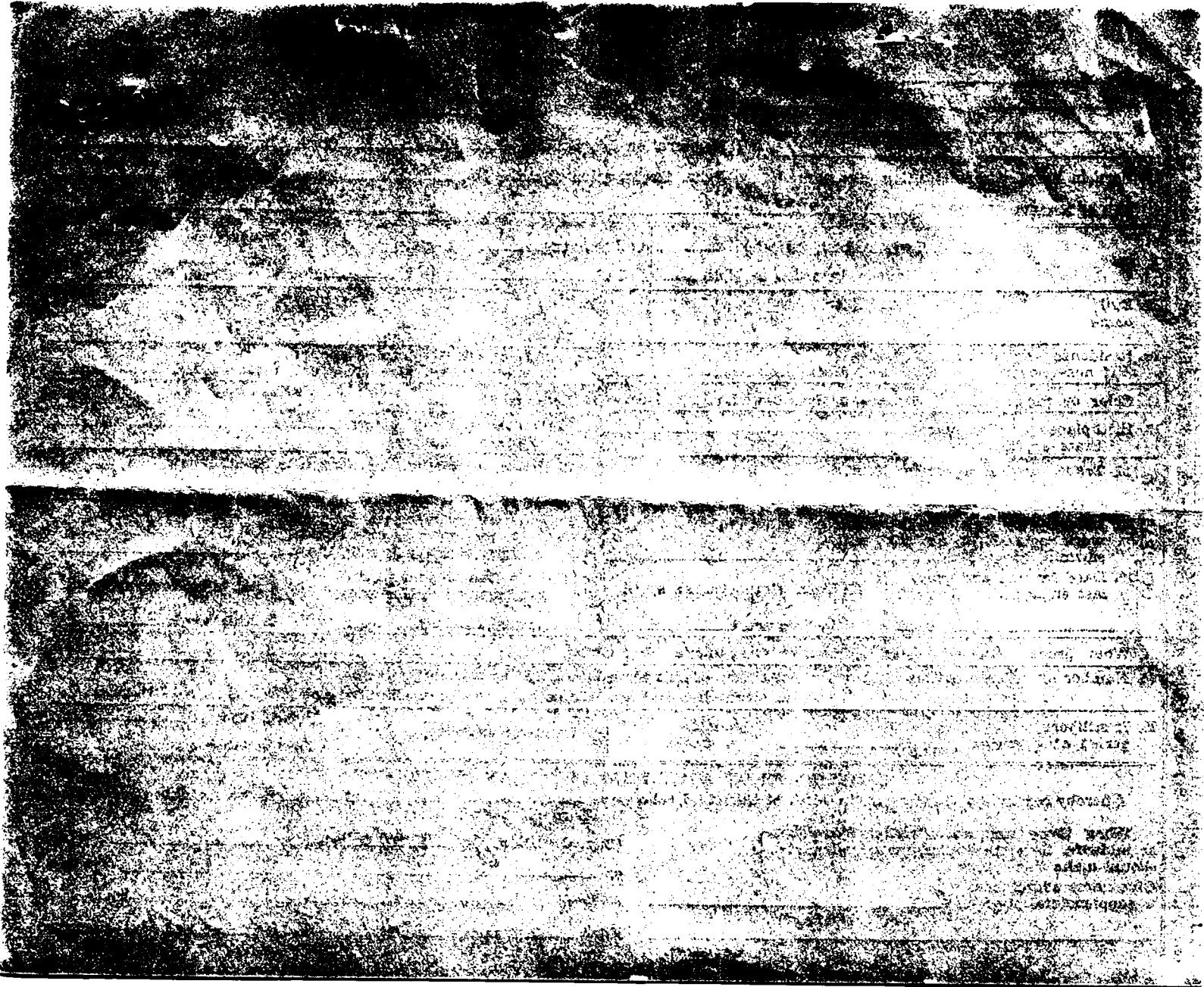
Registrar.

(Signed) P. J. Sutton, M. D.

or ____, Midwife

Address Oakley Idaho

Filed 6 — 6, 1940 Laura J. Sprague Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED JUN 11 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119520
Local Reg. No. 42
Reg. Dist. No. 470

1. PLACE OF DEATH:
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 702 N. Burton
(d) Death Occurred Inside? yes Outside? ....city or town
(e) Died in a Home yes Hospital ....Institution ....Other place ....
(f) Name Hosp. or Inst. ....Stayed ....days
(g) Lived in this county 0 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 702 N. Burton
(e) Deceased lived Inside? yes Outside? ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME** Viola May Twitchell

3. (b) If veteran, name war no
3. (c) Social Security No. no
5. Color or race White
6. (a) Single, widowed, married, divorced Single
4. Sex Female
6. (b) Name of husband or wife ....
6 (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) May 14 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs ....min.

9. Exact Occupation none — Did this work for none yrs.
10. Industry or Business none — Date last worked none
11. Birthplace Burley (City or town) Idaho (State or foreign country)

Father
12. Name Alma Twitchell
13. Birthplace Idaho Falls — Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Mattie Baugh
15. Birthplace ....Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alma Twitchell and Address 702 N. Burton Burley
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1940 (Month) (Day) (Year)
(c) Place: Albion, Idaho
18. Funeral Director's **OWN** Signature Vern B. McCulloch and Address Burley Idaho
19. (a) May 28 1940 (Date received and filed) (b) Laura G. Sprouche (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 14 1940 at ....o'clock ....M.

21. **I HEREBY CERTIFY,** That I attended deceased from ....19.... to ....19....
I last saw h— alive on — 19— ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still Born. — Duration ....
Due to Don't know. ....
Due to ....
Other conditions ....
(Include pregnancy within 3 months of death)

Where was disease first contracted? ....
Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature R. J. Sutton (M. D. or other)
and Address Burley Date July 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* *1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body ~~embalmed~~ under direction of Vern B. McCulloch Lic. No. 260 at on 1-14-40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Orofino
No. ____ St.
Orofino Hospital
(If born in hospital or institution give name.)

RECEIVED
JUN 4 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

Registration District No. 2V0 State File No. 294552

Prim. Registration District No. ____ Local Registrar's No. 59

2. FULL NAME OF CHILD Not named Thompson Baby

3. Sex F

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ✓ Full term ____

7. Legitimate? ✓

8. Date of birth 5-23, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Lawrence Wm Thompson	18. Full maiden name Beatrice Critchlow
10. Residence (usual place of abode) (If non-resident, give place and State) Orofino	19. Residence (usual place of abode) (If non-resident, give place and State) Orofino
11. Color or race W | 12. Age at last birthday 37 (years)	20. Color or race W | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Lewiston Idaho	22. Birthplace (city or place) (State or Country) Sask. Canada
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hse
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living ____ (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 5½ months (months or weeks)

30. Cause of Stillbirth Unknown (During labor / Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead Stillborn at 9.10 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

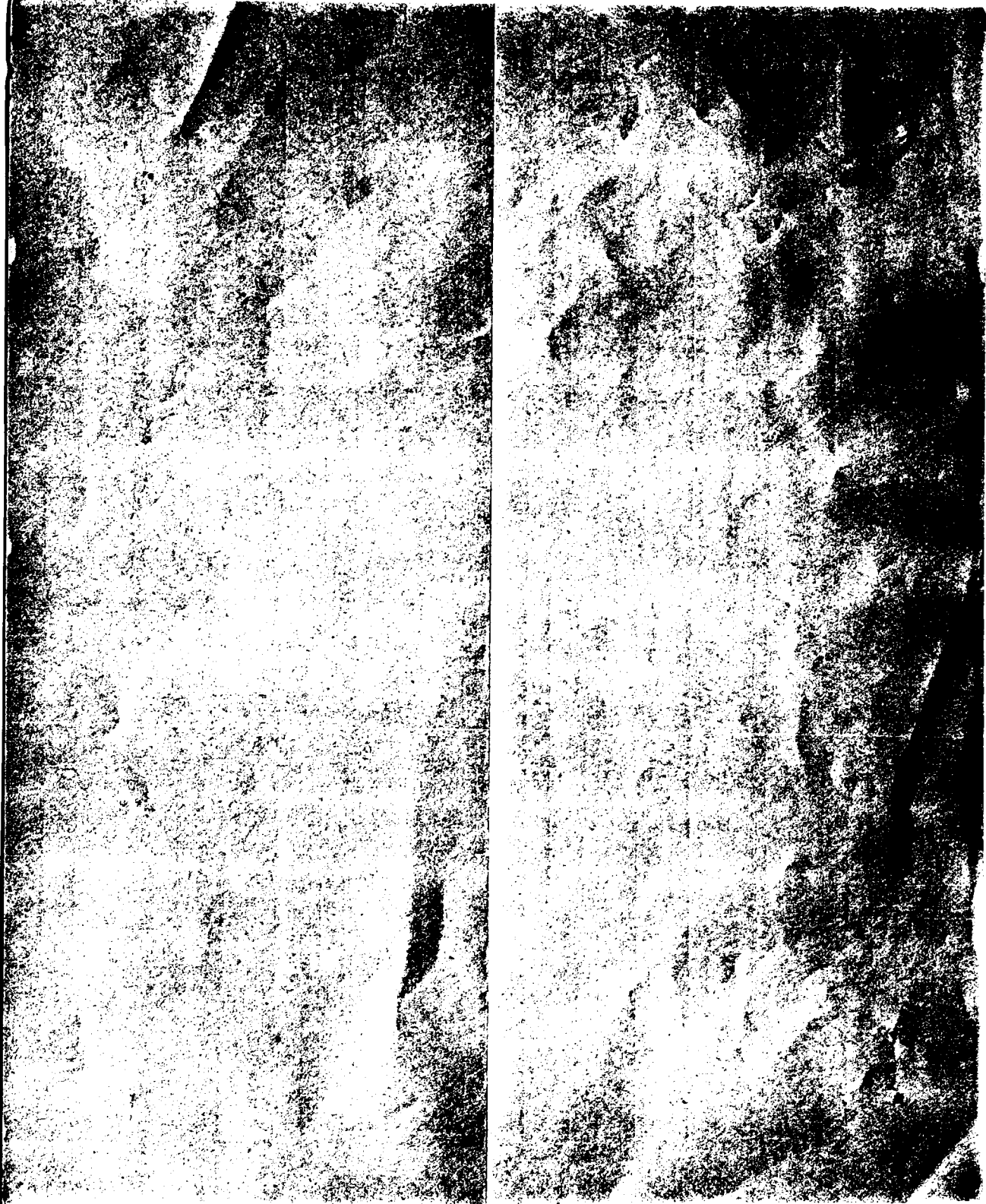
(Signed) A.B. Pappenhagen, M. D.

or ____, Midwife

Address Orofino Idaho

Filed 6/25, 1940 H. A. Thaus
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

JUN 4 1940

State File No. 11952
Local Reg. No. 54
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital ✓ Institution ....Other place ....
(f) Name Hosp. or Inst. Orofino Hosp. Stayed .....days
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? ✓
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state)

3. (a) **FULL NAME** Laurence Thompson Baby not named

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 23- 1940

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business Baby — Date last worked .....
11. Birthplace Orofino (City or town) Ida (State or foreign country)

Father
12. Name Laurence Thompson
13. Birthplace Lewiston (City or town) Ida (State or foreign country)

Mother
14. Maiden name Beatrice Critchelow
15. Birthplace Lapwai (City or town) Canada (State or foreign country)

16. Informant's **OWN** Signature Lawrence Thompson and Address Orofino Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 23- 1940 (Month) (Day) (Year)
(c) Place: Orofino Ida
18. Funeral Director's **OWN** Signature H. A. Schaer and Address Orofino
19. (a) 6/29 (Date received and filed) (b) H. A. Schaer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23- 1940
at ..... o'clock ..... M.

21. I **HEREBY CERTIFY**, That I attended deceased from ..... 19..... , to ..... 19.....
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn Child	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. B. Pepperburg (M. D. or other)
and Address Orofino Idaho Date 6-3-40 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12*-1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

1. PLACE OF BIRTH

County of Gooding

City of Wendell

No. Idaho St.

St. Valentine's Hosp.

(If born in hospital or institution give name.)

RECEIVED

JUN 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

294553

Registration District No. 420 State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Hard

3. Sex M

If plural births { 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth May 30, 1940 (Month, Day, Year)

FATHER

9. Full name Carroll Emery Hard

10. Residence (usual place of abode) (If non-resident, give place and State) Wendell

11. Color or race W | 12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or Country) Rockport, Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work May 30, 1940

17. Total time (years) spent in this work 7 yrs.

MOTHER

18. Full maiden name Elsie Le Nore Mitchell

19. Residence (usual place of abode) (If non-resident, give place and State) Wendell

20. Color or race W | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Gooding, Ida.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work May 29, 1940

26. Total time (years) spent in this work 6 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born stillborn at 9:50 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Maud A. Parker, M. D.

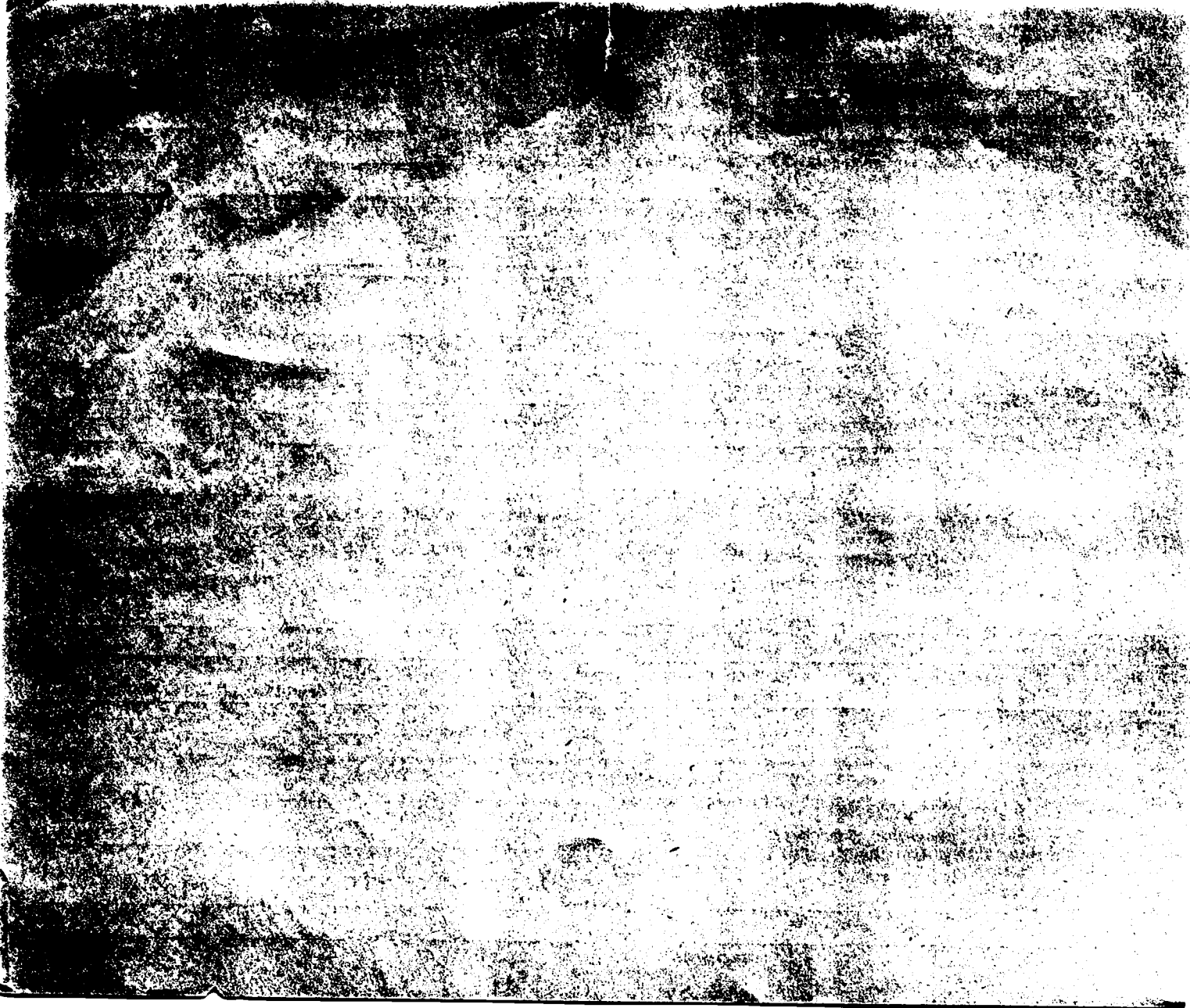
or , Midwife

Address

Give name added from a supplemental report (Date of)

Filed June 1, 1940 Lester M. Rose, O.S.B.
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED JUN 11 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119522
Local Reg. No. 19
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Unnamed Ward

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	X	X	X	hrs min.

9. Exact Occupation
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace Wendell Idaho (City or town) (State or foreign country)

Father
12. Name Carroll Ward
13. Birthplace Rockfort, Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Elsie Mitchel
15. Birthplace Gooding, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Carroll Ward
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 30 40 (Month) (Day) (Year)
(c) Place: Jerome, Ida. Cemetery
18. Funeral Director's **OWN** Signature
and Address
19. (a) 6/1/40 (Date received and filed) (b) C. E. Zeller (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) May 30 19 40
at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from May 30 1940, to May 30 1940
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Still born

Due to Placenta praevia
as mother

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ward A. Pullen M.D. (M. D. or other)
and Address Wendell Idaho Date May 30 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of St Lorenzo
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
JUN 11 1940
CERTIFICATE OF BIRTH S 294554

Registration District No. 641 State File No. ____
Prim. Registration District No. 2176 Local Registrar's No. 90

2. FULL NAME OF CHILD ____

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? yes | 8. Date of birth May 1, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Thomas Smith	18. Full maiden name: Edith Hoagen
10. Residence (usual place of abode) (If non-resident, give place and State): Lorenzo, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Lorenzo, Ida
11. Color or race: W	12. Age at last birthday: 39 (years)
20. Color or race: W	21. Age at last birthday: 37 (years)
13. Birthplace (city or place) (State or Country): Dayton, Idaho	22. Birthplace (city or place) (State or Country): Malad, Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: —	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: present, 19__	17. Total time (years) spent in this work: 20 yrs
25. Date (month and year) last engaged in this work: present, 19__	26. Total time (years) spent in this work: 15 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2%.

28. Number of children of this mother: Six (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead — (c) Stillborn 1

29. If stillborn, period of gestation 7 mths (months or weeks)

30. Cause of stillbirth unknown { Before labor — (probably 2 days) During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 8 25 P. m. on the date above stated.

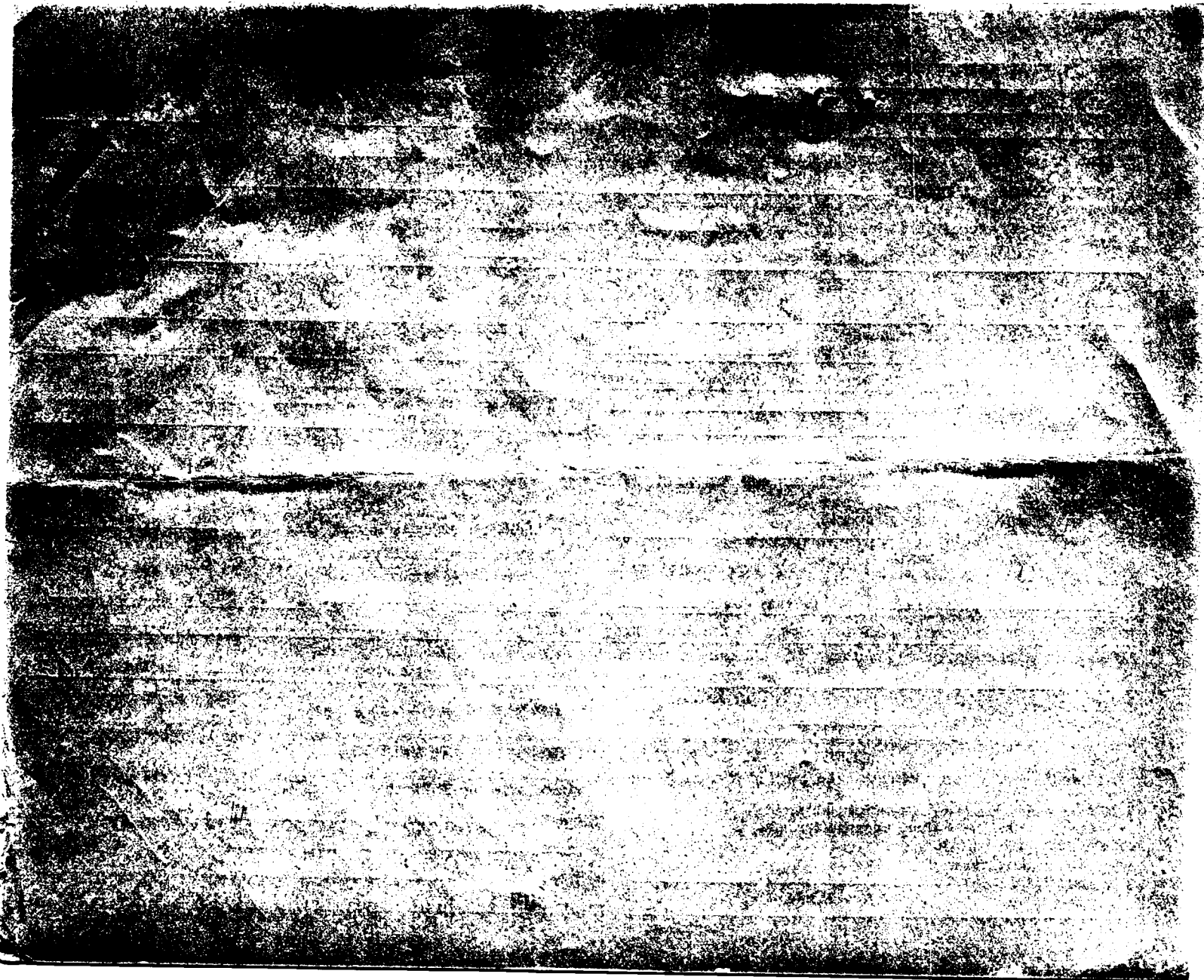
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) M. L. Rigby, M. D.
or ____, Midwife
Address Rockburg

Filed JUN 10 1940, 193__ Mrs A R Eckersell Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED JUN 11 1940

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 119523
Local Reg. No. 28
Reg. Dist. No. 2176

1. **PLACE OF DEATH:**
   (a) County Jefferson
   (b) City or town Lorenzo
   (c) Street Address or R. F. D. No. ✓
   (d) Death Occurred Inside? ..... Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City or town Lorenzo
   (d) Street Address or R. F. D. No. none
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? ✓
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Smith

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex m race W
5. Color or
6. (a) Single, widowed, married, divorced no
6. (b) Name of husband or wife ✓
6 (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) may-1-40

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	0	0		

9. Exact Occupation none — Did this work for ..... yrs.
10. Industry or Business ✓ — Date last worked ✓
11. Birthplace Lorenzo Idaho (City or town) (State or foreign country)

Father
12. Name Thomas Smith
13. Birthplace Dayton Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Edith Hoops
15. Birthplace Malad Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Thomas M. Smith and Address Lorenzo, Idaho
17. (a) ✓ (Burial, cremation, or removal) (b) Date thereof may-2-40 (Month) (Day) (Year)
    (c) Place: Sugar City Idaho
18. Funeral Director's **OWN** Signature Monk and Address .....
19. (a) JUN 10 1940 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) may-1st 1940
    at 8:30 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from Stillborn, to ..... 19.....
    I last saw h. alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Undetermined	
Death probably due to	
Due to Death before delivery	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? —
Name of operation none Date .....
Major finding —
Finding of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature M. F. Rigby (M. D. or other)
    and Address Rexburg Idaho Date 5/2 1940
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUN 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 294555

Registration District No. 120 State File No.

Prim. Registration District No. Local Registrar's No. 165

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. St.
Ostlunds Maternity Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Haroldson Jr.

3. Sex M. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth May 30, 1940 (Month, Day, Year)

FATHER

9. Full name George Haroldson

10. Residence (usual place of abode) 206 E Cameron (If non-resident, give place and State) Kellogg Idaho

11. Color or race W | 12. Age at last birthday 22 (years)

13. Birthplace (city or place) Coeur d'Alene, Ida (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service station operator

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own Service Station

16. Date (month and year) last engaged in this work Present, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name May June Burnell

19. Residence (usual place of abode) 206 E Cameron (If non-resident, give place and State) Kellogg Idaho

20. Color or race W | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Coeur d'Alene Idaho (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Present, 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argo, 1%

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born (Born Alive or Stillborn) at 5:50 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

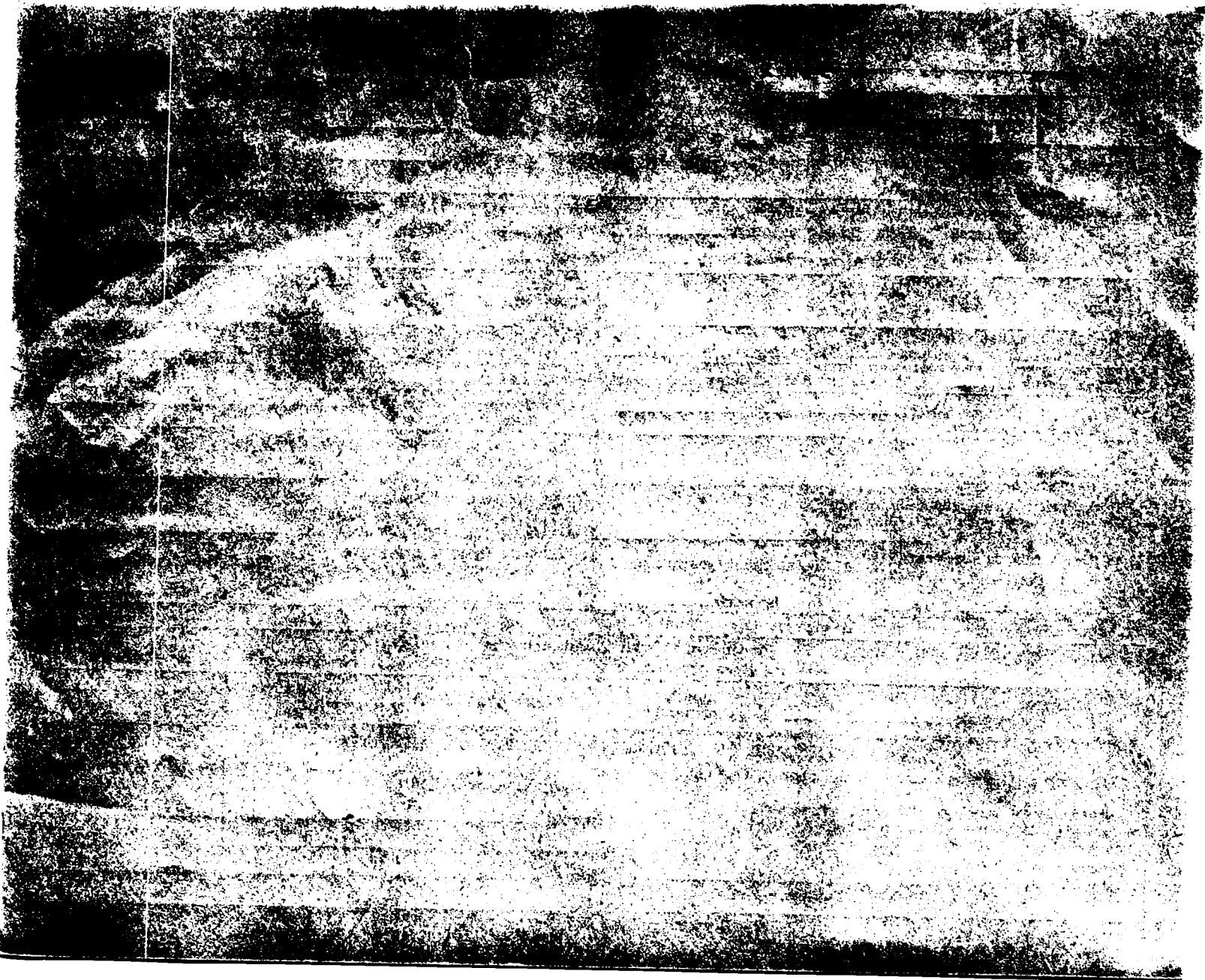
Registrar.

(Signed) O. M. Hunter, M. D.

or ..., Midwife

Address Coeur d'Alene Idaho

Filed 6-11, 1940 H. L. Newcomb, M.D. Registrar.



119524

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.....
Local Reg. No. 108
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 102 Indiana Ave
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst. Edward Mallory Stayed ..... days
(g) Lived in this county 0 years 0 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 102 Indiana Ave.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ——yrs. Citizen of U. S.? ——
(g) How long had deceased lived in Idaho? ——years
(h) Former residence (city, state) ——

3. (a) **FULL NAME** George Haroldson Jr.

3. (b) If veteran, name war..... 3. (c) Social Security No. ——
4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ——
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 31 - 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs 0 min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked ——
11. Birthplace Coeur d'Alene Idaho (City or town) (State or foreign country)

Father
12. Name George Haroldson
13. Birthplace Coeur d'Alene Ida. (City or town) (State or foreign country)

Mother
14. Maiden name Mayme Burnell
15. Birthplace Coeur d'Alene Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Geo Haroldson
and Address 725 Mullan Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 1 - 1940 (Month) (Day) (Year)
(c) Place: Coeur d'Alene Ida.
St. Thomas
18. Funeral Director's **OWN** Signature C. Wendt
and Address Coeur d'Alene Idaho
19. (a) 6 - 3 - 1940 (Date received and filed) (b) H. H. Greenwood (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 31 1940
at 6 o'clock P.M.

21. I **HEREBY CERTIFY**, That I attended deceased from 5/31 1940, to 5/31 1940
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Still born - (at Term)
Due to Dropsy 3 weeks before delivery
Due to Cord attached and twisted
Other conditions at umbilical attachment
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. H. Kustel M.D. (M. D. or other)
and Address Coeur d'Alene Id. Date 6/7 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston, Ida.
No. ____ St.
St. Joseph's Hosp.
(If born in hospital or institution give name.)

RECEIVED
JUN 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 294556

Registration District No. 220 State File No. ____
Prim. Registration District No. 96 Local Registrar's No. ____

2. FULL NAME OF CHILD Sandra Lee Kent

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
F		yes	yes	5-23-1940

FATHER		MOTHER	
9. Full name	Kenneth Lee Kent	18. Full maiden name	Hazel Isaacson
10. Residence (usual place of abode) (If non-resident, give place and State)	Lewiston Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	Lewiston Idaho
11. Color or race	W	20. Color or race	W
12. Age at last birthday	29 (years)	21. Age at last birthday	26 (years)
13. Birthplace (city or place) (State or Country)	Peola Ill.	22. Birthplace (city or place) (State or Country)	Billings, Mont
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Accountant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	At present, 1940	25. Date (month and year) last engaged in this work	at present 1940
17. Total time (years) spent in this work	14 yr.	26. Total time (years) spent in this work	7 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 4:50 p.m. on the date above stated.

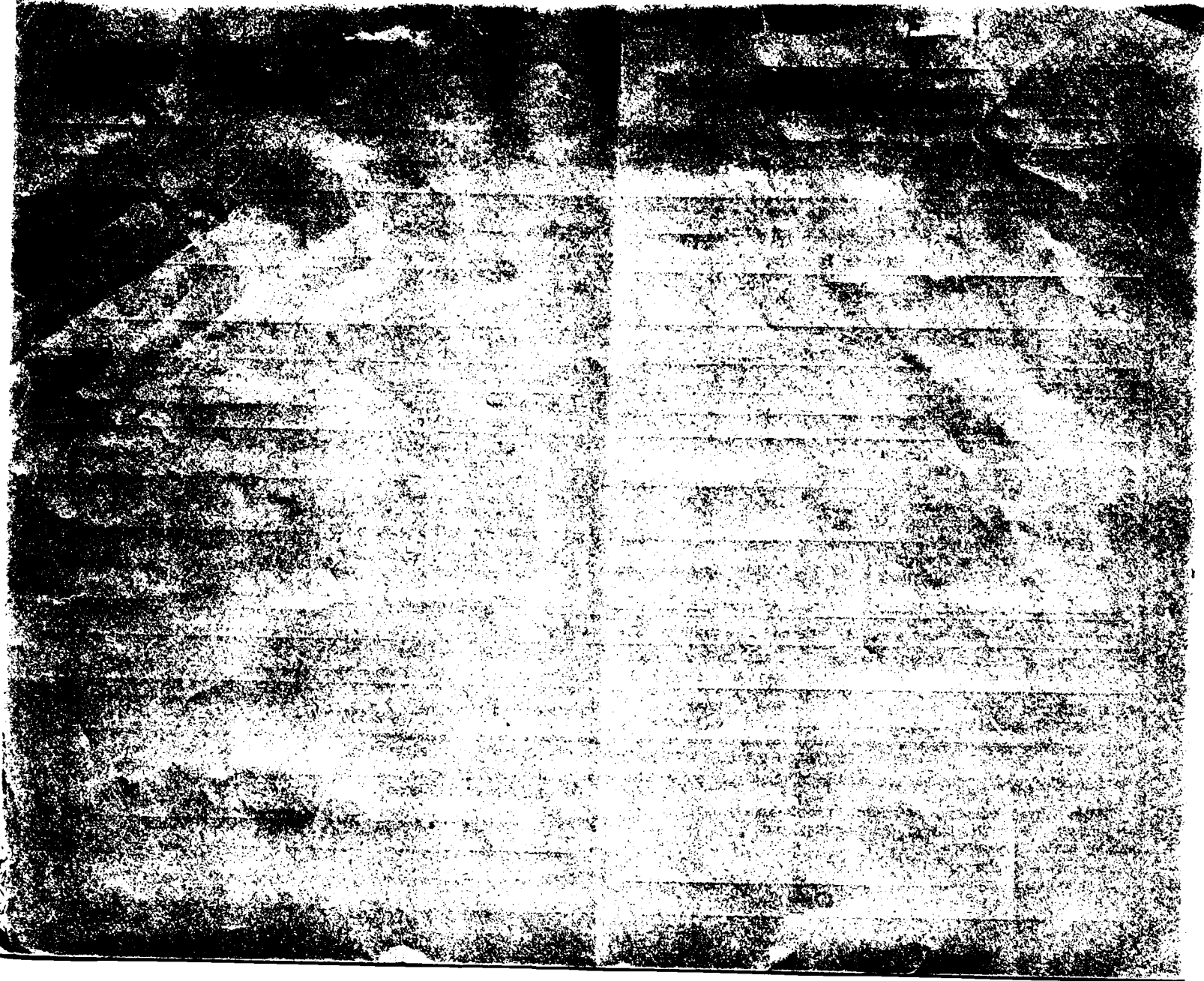
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Joseph C. Bredel, M. D.
or ____, Midwife
Address ____

Filed June 10, 1940 Mabel B. McQueen M.D. Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED
JUN 12 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119525
Local Reg. No.
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce.
(b) City or town Lewiston.
(c) Street Address or R. F. D. No. 5th, Ave. & 5th, St.
(d) Death Occurred Inside? In Outside? ....city or town
(e) Died in a Home ....Hospital #Institution ....Other place ....
(f) Name Hosp. or Inst. St Joseph Stayed ....days
(g) Lived in this county ---- years ---- months ---- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce.
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 1327 18th, Ave.
(e) Deceased lived Inside? In Outside? ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.? ....
(g) How long had deceased lived in Idaho? --- years
(h) Former residence (city, state) ....

3. (a) **FULL NAME** Sandra Lee Kent.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife None 6 (c) Age of husband or wife if alive None years

7. Date of Birth (Month, Day, Year) May 23rd, 1940.

8. AGE	Years	Months	Days	If less than 1 day
	----	----	----	hrs ____ min.

9. Exact Occupation None. Did this work for ....yrs.

10. Industry or Business .... Date last worked ....

11. Birthplace Lewiston (City or town) Idaho. (State or foreign country)

Father
12. Name Kenneth Kent.
13. Birthplace Peoria, Illinois. (City or town) (State or foreign country)

Mother
14. Maiden name Hazel Isaacson.
15. Birthplace Billings, Montana. (City or town) (State or foreign country)

16. Informant's **OWN** Signature L L Kent
and Address Lewiston, Idaho.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof May 24th, 1940. (Month) (Day) (Year)
(c) Place: Albion, Washington.

18. Funeral Director's **OWN** Signature L. B. Wann
and Address Lewiston, Idaho.

19. (a) May 24, 1940 (Date received and filed) (b) Mary M Thuemmel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23. 1940
at 4:30 P.M. o'clock ....M.

21. I **HEREBY CERTIFY**, That I attended deceased from Jan 1st 1940. to May 23. 1940.
I last saw h.... alive on ....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Uremia and Prolapse of Bladder. unknown
Due to unknown
Due to ....
Other conditions ....
(Include pregnancy within 3 months of death)

Where was disease first contracted? At Home. PHYSICIAN
Name of operation None. Date ....
Major finding ....
Finding of autopsy None done.

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred ....19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature Joseph C. Bucknell (M. D. or other)
and Address Lewiston, Idaho Date ....19....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 294557

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. ___ St.
County General Hospital
(If born in hospital or institution give name.)

Registration District No. 460 State File No. ___
Prim. Registration District No. ___ Local Registrar's No. 363

2. FULL NAME OF CHILD Clarence Glenn Koch (Stillborn)

3. Sex: Female
If plural births: 4. Twin, triplet, or other ___ 5. Number, in order of birth ___
6. Premature ___ Full term Yes
7. Legitimate? Yes
8. Date of birth 5-24, 1940 (Month, Day, Year)

FATHER

9. Full name: Howard Koch
10. Residence (usual place of abode) 205 Pine St (If non-resident, give place and State) ~~Twin Falls, Ida~~
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Lamar Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work January, 1940
17. Total time (years) spent in this work 6 yrs

MOTHER

18. Full maiden name Blanche Elizabeth Bear
19. Residence (usual place of abode) 305 Pine St. (If non-resident, give place and State) Twin Falls, Ida
20. Color or race W | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Delaware Colorado

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work December, 1940
26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 2
29. If stillborn, period of gestation ___ months or weeks
30. Cause of stillbirth ___ Before labor ___ During labor ___

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 1A m. on the date above stated. 20

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ___ (Date of)

(Signed) Joseph W Marshall, M. D.
or ___, Midwife
Address Twin Falls, Idaho
Filed 6-10, 1940

Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119526
Local Reg. No. 130
Reg. Dist. No. 460

RECEIVED JUN 13 1940

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? ..... Outside? X city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst T. F. Co Hosp Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 305 Pine St
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) --

3. (a) **FULL NAME** Baby Florence Ilene Koch

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -- 6 (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) May 24, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	0	0		

9. Exact Occupation Infant Did this work for -- yrs.

10. Industry or Business -- Date last worked --

11. Birthplace Twin Falls (City or town) Idaho (State or foreign country)

Father
12. Name Howard Koch
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Blanche Bear
15. Birthplace Colorado (City or town) (State or foreign country)

16. Informant's **OWN** Signature Howard Koch
and Address 305 Pine St - Twin Falls, Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 25 40 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's **OWN** Signature [illegible]
and Address Twin Falls, Idaho

19. (a) JUN 10 1940 (Date received and filed) (b) [illegible]

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 28 1940
at 2 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 5-24-40 19..., to 5-24-40 19...
I last saw her alive on 5-24-40 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillbirth	—
Due to Breech presentation	—
Due to Prolapsed cord. —	4 hrs.
Other conditions (Include pregnancy within 3 months of death) Pregnancy - full term.	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy —	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls, Idaho Date 5-24-40
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of J. C. Phillips Lic. No E263 at Twin Falls on 5-14-40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. ✓ PLACE OF BIRTH
County of Elda 253-129
City of Boise 04
No. ..... St.
St. Lukes Hosp.
(If born in hospital or institution give name.)

RECEIVED
JUL 2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH S 296034

Registration District No. 370 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 453

2. FULL NAME OF CHILD Baby Belknap

3. Sex	If plural births	6. Premature 2 week	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term no	Yes	June 29, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Byron Burdette Belknap	18. Full maiden name Annabelle Pero
10. Residence (usual place of abode) (If non-resident, give place and State) 1120 Pueblo, Boise	19. Residence (usual place of abode) (If non-resident, give place and State) 1120 Pueblo, Boise
11. Color or race W | 12. Age at last birthday 37 (years)	20. Color or race W | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Cottonwood, Idaho	22. Birthplace (city or place) (State or Country) Chehalis, Wash.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H' Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work At present, 19..... | 17. Total time (years) spent in this work 5 yrs.	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn X

29. If stillborn, period of gestation ..... months or weeks \| 30. Cause of Stillbirth ..... During labor ..... Before labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 11 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. A. Falck, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed 6-17, 1940 L. Sharp
Registrar.

..... Registrar.

[redacted]

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF CHILD WELFARE

CERTIFICATE OF BIRTH

(Birth No. _____ Home File No. _____)

Registrar's No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
   (a) County _____ (b) City or township _____
   (c) Village _____ (d) Name of institution _____
   (If not in hospital or institution, give street address)

2. NAME OF CHILD _____

3. SEX _____ 4. THIS BIRTH _____ (Number in order of birth)

5. DATE OF BIRTH
   (Month) _____ (Day) _____ (Year) _____

6. AGE OF MOTHER
   (a) At last birthday _____ years
   (b) Date of birth _____

7. RESIDENCE OF MOTHER
   (a) Usual place of abode _____
   (If in city, give street address)
   (b) State _____ (c) County _____
   (d) City or township _____
   (e) Village _____

8. BIRTHPLACE OF MOTHER
   (a) State or country _____
   (b) County _____
   (c) City or township _____
   (d) Village _____

9. MAIDEN NAME OF MOTHER _____

10. RACE OF MOTHER _____

11. OCCUPATION OF MOTHER
    (a) Trade, profession, or particular kind of work done, as spinner _____
    (b) General nature of industry, as cotton mill _____

12. Total time employed at occupation, if any
    (a) Employed in this work (Months) _____ (Years) _____
    (b) Employed at other work (Months) _____ (Years) _____

13. Total time (years) spent in this work _____

14. Number of children born to this mother _____
    (a) Number now living _____ (b) Number now dead _____

15. Was birth single, twin, triplet, etc.? _____

16. Number in order of birth _____

17. Was child born alive? _____

18. If child was born dead, was death caused by accident or violence? _____
    (Specify which)

19. Was accident, injury, or violence received in course of employment? _____
    (Specify which)

20. Was death due to any occupational disease? _____
    (Specify which)

21. Was death due to any disease peculiar to women? _____
    (Specify which)

22. Was death due to any disease contracted in the course of employment? _____
    (Specify which)

23. Was death due to any other cause? _____
    (Specify which)

24. Was death due to any cause specified in the Workmen's Compensation Act? _____
    (Specify which)

25. Was death due to any cause specified in the Occupational Disease Act? _____
    (Specify which)

26. Was death due to any cause specified in the Industrial Commission Act? _____
    (Specify which)

27. Was death due to any cause specified in the Public Utilities Act? _____
    (Specify which)

28. Was death due to any cause specified in the Mines and Minerals Act? _____
    (Specify which)

29. Was death due to any cause specified in the Factory Act? _____
    (Specify which)

30. Was death due to any cause specified in the Child Labor Act? _____
    (Specify which)

31. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

32. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

33. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

34. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

35. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

36. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

37. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

38. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

39. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

40. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

41. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

42. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

43. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

44. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

45. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

46. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

47. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

48. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

49. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

50. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

51. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

52. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

53. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

54. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

55. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

56. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

57. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

58. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

59. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

60. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

61. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

62. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

63. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

64. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

65. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

66. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

67. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

68. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

69. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

70. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

71. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

72. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

73. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

74. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

75. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

76. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

77. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

78. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

79. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

80. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

81. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

82. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

83. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

84. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

85. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

86. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

87. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

88. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

89. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

90. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

91. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

92. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

93. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

94. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

95. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

96. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

97. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

98. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

99. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

100. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

101. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

102. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

103. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

104. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

105. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

106. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

107. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

108. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

109. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

110. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

111. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

112. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

113. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

114. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

115. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

116. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

117. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

118. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

119. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

120. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

121. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

122. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

123. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

124. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

125. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

126. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

127. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

128. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

129. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

130. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

131. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

132. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

133. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

134. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

135. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

136. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

137. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

138. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

139. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

140. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

141. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

142. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

143. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

144. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

145. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

146. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

147. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

148. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

149. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

150. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

151. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

152. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

153. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

154. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

155. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

156. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

157. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

158. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

159. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

160. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

161. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

162. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

163. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

164. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

165. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

166. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

167. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

168. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

169. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

170. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

171. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

172. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

173. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

174. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

175. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

176. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

177. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

178. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

179. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

180. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

181. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

182. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

183. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

184. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

185. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

186. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

187. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

188. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

189. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

190. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

191. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

192. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

193. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

194. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

195. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

196. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

197. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

198. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

199. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

200. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

201. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

202. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

203. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

204. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

205. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

206. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

207. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

208. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

209. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

210. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

211. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

212. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

213. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

214. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

215. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

216. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

217. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

218. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

219. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

220. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

221. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

222. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

223. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

224. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

225. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

226. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

227. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

228. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

229. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

230. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

231. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

232. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

233. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

234. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

235. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

236. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

237. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

238. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

239. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

240. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

241. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

242. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

243. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

244. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

245. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

246. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

247. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

248. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

249. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

250. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

251. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

252. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

253. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

254. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

255. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

256. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

257. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

258. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

259. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

260. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

261. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

262. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

263. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

264. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

265. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

266. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

267. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

268. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

269. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

270. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

271. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

272. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

273. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

274. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

275. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

276. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

277. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

278. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

279. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

280. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

281. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

282. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

283. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

284. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

285. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

286. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

287. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

288. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

289. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

290. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

291. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

292. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

293. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

294. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

295. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

296. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

297. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

298. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

299. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

300. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

301. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

302. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

303. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

304. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

305. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

306. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

307. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

308. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

309. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

310. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

311. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

312. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

313. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

314. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

315. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

316. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

317. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

318. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

319. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

320. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

321. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

322. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

323. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

324. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

325. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

326. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

327. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

328. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

329. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

330. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

331. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

332. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

333. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

334. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

335. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

336. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

337. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

338. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

339. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

340. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

341. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

342. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

343. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

344. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

345. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

346. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

347. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

348. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

349. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

350. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

351. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

352. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

353. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

354. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

355. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

356. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

357. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

358. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

359. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

360. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

361. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

362. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

363. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

364. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

365. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

366. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

367. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

368. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

369. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

370. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

371. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

372. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

373. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

374. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

375. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

376. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

377. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

378. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

379. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

380. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

381. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

382. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

383. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

384. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

385. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

386. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

387. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

388. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

389. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

390. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

391. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

392. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

393. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

394. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

395. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

396. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

397. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

398. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

399. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

400. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

401. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

402. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

403. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

404. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

405. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

406. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

407. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

408. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

409. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

410. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

411. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

412. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

413. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

414. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

415. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

416. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

417. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

418. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

419. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

420. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

421. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

422. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

423. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

424. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

425. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

426. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

427. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

428. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

429. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

430. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

431. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

432. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

433. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

434. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

435. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

436. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

437. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

438. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

439. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

440. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

441. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

442. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

443. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

444. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

445. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

446. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

447. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

448. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

449. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

450. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

451. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

452. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

453. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

454. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

455. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

456. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

457. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

458. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

459. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

460. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

461. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

462. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

463. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

464. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

465. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

466. Was death due to any cause specified in the Public Tranquility Act? _____
    (Specify which)

467. Was death due to any cause specified in the Public Quiet Act? _____
    (Specify which)

468. Was death due to any cause specified in the Public Silence Act? _____
    (Specify which)

469. Was death due to any cause specified in the Public Noise Act? _____
    (Specify which)

470. Was death due to any cause specified in the Public Nuisance Act? _____
    (Specify which)

471. Was death due to any cause specified in the Public Health Act? _____
    (Specify which)

472. Was death due to any cause specified in the Public Welfare Act? _____
    (Specify which)

473. Was death due to any cause specified in the Public Safety Act? _____
    (Specify which)

474. Was death due to any cause specified in the Public Morals Act? _____
    (Specify which)

475. Was death due to any cause specified in the Public Order Act? _____
    (Specify which)

476. Was death due to any cause specified in the Public Peace Act? _____
    (Specify which)

477. Was death due to any cause specified in the Public Tranquility Act? _____
    (

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 11 1940

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 11933
Local Reg. No. 143
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Lukes Stayed days
   (g) Lived in this county 0 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R. F. D. No. 1120 Pueblo st
   (e) Deceased lived Inside? X Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state) 0

3. (a) **FULL NAME** BABY BELKNAP

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) April 29, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation None — Did this work for X yrs.
10. Industry or Business X — Date last worked X
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Byron Burdette Belknap
13. Birthplace Cottonwood, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Annabelle Nero
15. Birthplace Chehalis, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hal Beatty
and Address Boise, Idaho, 9th & State Sts.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-40 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature McRatney Funeral Home Hal Beatty
and Address Boise, Idaho
19. (a) 4-30-40 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29, 1940 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn -	8½ months
Due to Eclampsia -	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. A. Koelsch M.D. (M. D. or other)
and Address Boise Date 4/29 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St. Lukes Hosp. St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 296035

Registration District No. 370 State File No.
Prim. Registration District No. Local Registrar's No. 459

2. FULL NAME OF CHILD Lyle Albert White

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term Yes
7. Legitimate? Yes
8. Date of birth June 12, 1940 (Month, Day, Year)

FATHER

9. Full name: Ralph H. White
10. Residence (usual place of abode) (If non-resident, give place and State): Emmett
11. Color or race: W | 12. Age at last birthday: 40 (years)
13. Birthplace (city or place) (State or Country): Dawker, Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boise Payette
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Lumber Co.
16. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work: 16 yrs.

MOTHER

18. Full maiden name: Grace Monteith
19. Residence (usual place of abode) (If non-resident, give place and State): Emmett
20. Color or race: W | 21. Age at last birthday: 38 (years)
22. Birthplace (city or place) (State or Country): Adair, Nebr.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: H Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work ..., 19...
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead (c) Stillborn X
29. If stillborn, period of gestation ... months or weeks
30. Cause of Stillbirth ... During labor ... Before labor Toxemia of Pregnancy.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 3 50 A m. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H A Jackson, M. D.
or ..., Midwife
Address Boise Idaho

Give name added from a supplemental report ...
(Date of)

Filed 6-17, 1940 L. Sharp
Registrar.

Registrar.

[redacted]

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Town, Township, Village or Borough No. _____ Local Registrar's No. _____

1. Full name of child _____

2. Sex _____ 3. Twin, triplet, or other _____ 4. Number in order of birth _____

5. Date of birth _____ 6. Place of birth _____

7. Usual residence of parents _____

8. Color or race of father _____ 9. Age at last birthday (in years) _____

10. Birthplace (State or foreign country) _____

11. Trade, profession, or particular kind of work done, as laborer, _____

12. Industry or business in which work is done _____

13. Name of father _____

14. Maiden name of mother _____

15. Color or race of mother _____ 16. Age at last birthday (in years) _____

17. Birthplace (State or foreign country) _____

18. Trade, profession, or particular kind of work done, as laborer, _____

19. Industry or business in which work is done _____

20. Number of children born to this mother, including present child _____

(a) Now living _____ (b) Now dead _____

21. Informant _____

22. Address _____

23. Date received by Registrar _____

24. Signature of Registrar _____

CERTIFICATE OF ATTENDANCE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.

(Type Ditto or Residence)

Signed _____

Address _____

Date _____

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11940
Local Reg. No. 198
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. StLukes Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State (b) County
(c) City or town STILLBORN
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lyle Albert White

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June-12-40

8. AGE	Years	Months	Days	If less than 1 day
	Stillborn			hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Ralph W. White.
13. Birthplace Ozawkie, Kans. (City or town) (State or foreign country)

Mother
14. Maiden name Grace Monteith
15. Birthplace Okadia, Nebr. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ralph W. White
and Address Emmett, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/40 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature J. A. Pettingstar
and Address Boise, Idaho
19. (a) 6-12-40 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June-12-40 19
at 2:45 o'clock A. M.

21. I **HEREBY CERTIFY,** That I attended deceased from June 12 19 40, to 19
Last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn — Duration
Due to Toxemia of pregnancy
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. A. Koelsch MD (M. D. or other)
and Address Boise Date 6/12 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S

Registration District No. 370 State File No. 296036

Prim. Registration District No. _____ Local Registrar's No. 477

1. PLACE OF BIRTH
County of Ada
City of Boise, Idaho
No. _____ St.
St Alphonsus Hospital
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Carolsue Louise Harp

3. Sex F | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 | 6. Premature Yes Full term _____ | 7. Legitimate? Yes | 8. Date of birth 6-13-1940 (Month, Day, Year)

FATHER

9. Full name Carl Albert Harp
10. Residence (usual place of abode) (If non-resident, give place and State) 814 Boise Idaho
11. Color or race W | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Idaho Mississippi

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. C.C.C
16. Date (month and year) last engaged in this work Before 1940
17. Total time (years) spent in this work ?

MOTHER

18. Full maiden name Nellie Katherine Strickland
19. Residence (usual place of abode) (If non-resident, give place and State) Same
20. Color or race W | 21. Age at last birthday 43 (years)
22. Birthplace (city or place) (State or Country) McKinney Texas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Before 1940
26. Total time (years) spent in this work 13 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 3 10

28. Number of children of this mother 11 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 7 months { months ~~or weeks~~ | 30. Cause of Stillbirth Placenta Praevia { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

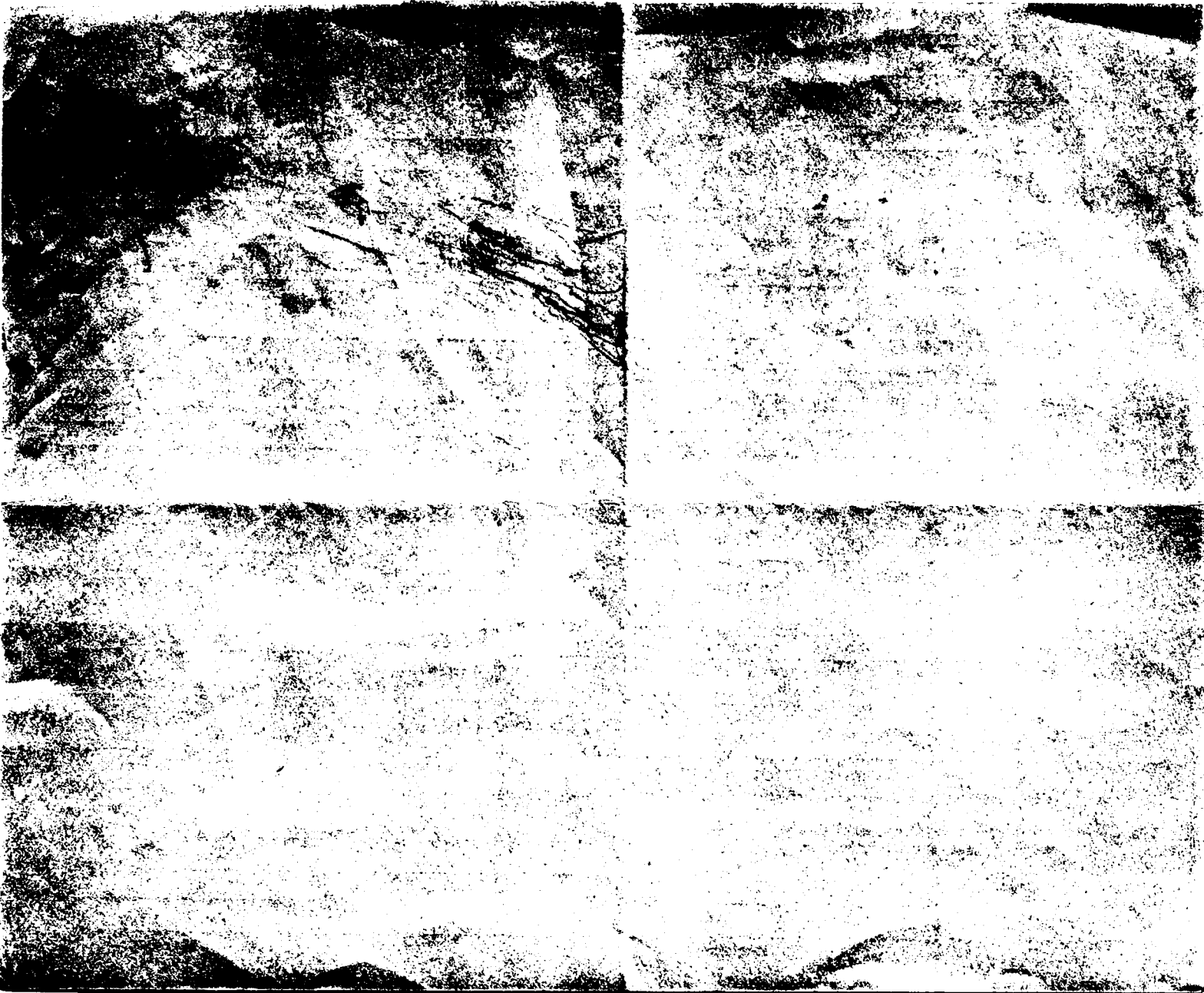
I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 6 07 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. M. Brayton, M. D.
or _____, Midwife
Address 10-2-98 4 Boise Idaho
Filed 6-24, 1940 W. Sharp Registrar

Give name added from a supplemental report _____ (Date of)

_____ Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11994**1**
Local Reg. No. 192
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME** Baby Harp

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or Race White
6. (a) Single, widowed, married, divorced S:
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 13th. 1940
8. **AGE** Years | Months | Days | If less than 1 day hrs min. — Stillborn
9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Carl Harp
13. Birthplace Joplin Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Nellie Strickler
15. Birthplace McKinney Texas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Carl Harp.
and Address Rt. 4: Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/1940 (Month) (Day) (Year)
(c) Place: McCall Idaho
18. Funeral Director's **OWN** Signature Schreiber & Cann
and Address Boise Mitford Driggs
19. (a) 6-17-40 (Date received and filed) (b) W. Harp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Probably about June 10 1940
at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 13 1940 to June 13 1940
I last saw h— alive on Never 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Placenta Previa &
Prolapse of cord
Due to Premature Labor
Due to Placenta Previa
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? Ada Co. PHYSICIAN
Name of operation Foot Version Extraction
Major finding Placenta Previa
Finding of autopsy Prolapse of cord & Footling
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. M. Braxton (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Milford Draper Lic. No E316 at Boise on 6/13/40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot,
No. West Idaho St.
(If born in hospital or institution give name.)

RECEIVED
JUN 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
296037

Registration District No. 608 State File No.
Prim. Registration District No. Local Registrar's No. 142

2. FULL NAME OF CHILD Ellen Owens Wixom

3. Sex: Female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term
7. Legitimate? yes
8. Date of birth May 1, 1940 (Month, Day, Year)

FATHER

9. Full name: Alvin LeRoy Wixom
10. Residence (usual place of abode) Blackfoot, (If non-resident, give place and State) Route 1
11. Color or race White 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Idaho (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work present, 19
17. Total time (years) spent in this work X

MOTHER

18. Full maiden name: Pauline Owens
19. Residence (usual place of abode) Blackfoot, (If non-resident, give place and State) Route 1
20. Color or race White 21. Age at last birthday 28 (years)
22. Birthplace (city or place) Idaho (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Present, 19
26. Total time (years) spent in this work X

27. What prophylactic was used to prevent Ophthalmia Neonatorum? nothing
28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 1
29. If stillborn, period of gestation nine months (months or ~~weeks~~)
30. Cause of Stillbirth Breech- (Before ~~labor~~ / During labor yes)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 1:P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) J. D. Hampton M.D., M. D.
or Midwife
Address Blackfoot, Idaho
Filed June 5 1940 Mrs Evalen E Patrick
Registrar.

Registrar.

United States
Department of Commerce
Bureau of the Census

RECEIVED
JUN 7 1940

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 119942
Local Reg. No. 68
Reg. Dist. No. 602

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. /
(d) Death Occurred Inside? ✓ Outside? ... city or town
(e) Died in a Home ✓ Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. ...
(e) Deceased lived Inside? ✓ Outside? ... city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Ellen Owens Wixom

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) 5-1-40

8. **AGE**

Years	Months	Days	If less than 1 day
			hrs min.

9. Exact Occupation Infant. Did this work for — yrs.

10. Industry or Business — Date last worked —

11. Birthplace Blackfoot Ida (City or town) (State or foreign country)

Father
12. Name Alvin Wixom
13. Birthplace Blackfoot Ida (City or town) (State or foreign country)

Mother
14. Maiden name Pauline Owens
15. Birthplace Malad Ida (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alvin L. Wixom and Address Blackfoot

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-40 (Month) (Day) (Year)
(c) Place: Lincoln, Idaho.

18. Funeral Director's **OWN** Signature John C. Lansky and Address Blackfoot Idaho

19. (a) June 1 - 1940 (Date received and filed) (b) Molcolm E. Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-1 1940
at — o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased ~~from~~ on 5-1-1940, to ... 19...
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still born — Duration ...
Due to premature de Labor pregnancy
Due to breech presentation
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? ... PHYSICIAN
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature J. O. Harris M.D. (M. D. or other)
and Address Blackfoot Ida Date 5-2 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes* ?
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of J. C. Handley Lic. No. E-280 at Blackfoot on 5-1-40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonner

City of Priest River

No. ____ St. ____

(If born in hospital or institution give name.) Priest River Hospital

RECEIVED JUN 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 296038

Registration District No. ~~22~~ 117 State File No. ____

Prim. Registration District No. 285 Local Registrar's No. 24-40

2. FULL NAME OF CHILD Lynn Arlene Stewart

3. Sex female

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth May 21, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Chalmers Edwin Stewart	18. Full maiden name Charlotte Alberta Brown
10. Residence (usual place of abode) (If non-resident, give place and State) Priest River	19. Residence (usual place of abode) (If non-resident, give place and State) Priest River
11. Color or race White | 12. Age at last birthday 23 (years)	20. Color or race White | 21. Age at last birthday 17 (years)
13. Birthplace (city or place) (State or Country) Portland, Oregon	22. Birthplace (city or place) (State or Country) Spokane, Wash.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. moving picture machine operator	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. moving picture Show	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work May, 1940	17. Total time (years) spent in this work one
25. Date (month and year) last engaged in this work May, 1940	26. Total time (years) spent in this work 1/2 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation six months { months or weeks

30. Cause of Stillbirth unknown { During labor ____ Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 11:30 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Leslie J. Stauffer, M. D.

or ____, Midwife

Address Priest River Idaho

Filed 5-27, 1940 D J Johnson

Registrar. Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED
JUN 7 1940

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 119943
Local Reg. No.
Reg. Dist. No. 7

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Priest River
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Priest River Stayed 0 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lynn Arlene Stewart — (Stillborn child)

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white Caucasian
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 21 — 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Priest River (City or town), Idaho (State or foreign country)

Father
12. Name Chalmers Edwin Stewart
13. Birthplace Portland (City or town), Oregon (State or foreign country)

Mother
14. Maiden name Charlotte Alberta Brown
15. Birthplace Spokane (City or town), Wash (State or foreign country)

16. Informant's **OWN** Signature Chalmers Edwin Stewart
and Address Priest River, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-22-1940 (Month) (Day) (Year)
(c) Place: Priest River Idaho
18. Funeral Director's (Father) **OWN** Signature Chalmers Edwin Stewart
and Address Priest River Idaho
19. (a) 5-22-1940 (Date received and filed) (b) D. E. Johnsman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 21 19 40
at 11:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn child — Duration
Due to unknown
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? PHYSICIAN
Name of operation Date
Major finding Length of body 37½ C. M.
Finding of autopsy Period of gestation six months weight 2½ #

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leslie J. Stauffer M.D. (M. D. or other)
and Address Priest River Ida Date 5-21 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 296039

RECEIVED
JUL 3 1940

Registration District No. 100 State File No.

Prim. Registration District No. 2156 Local Registrar's No. 40-47

1. PLACE OF BIRTH
County of Boundary
City of Bonners Ferry
No. St.
Bonners Ferry Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Lefebvre.

3. Sex: Female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term ✓
7. Legitimate? Yes
8. Date of birth June 1, 1940 (Month, Day, Year)

FATHER

9. Full name: William Raymond Lefebvre
10. Residence (usual place of abode) (If non-resident, give place and State): Bonners Ferry
11. Color or race: Wh
12. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or Country): Crookston Minn
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: ..., 19...
17. Total time (years) spent in this work: 8

MOTHER

18. Full maiden name: Lina Mary Lipatti
19. Residence (usual place of abode) (If non-resident, give place and State): Bonners Ferry
20. Color or race: Wh
21. Age at last birthday: 38 (years)
22. Birthplace (city or place) (State or Country): St. Michaels Finland.
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work: ..., 19...
26. Total time (years) spent in this work: 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks
30. Cause of Stillbirth { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 20 P. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Chas Bonnell, M. D.
or ..., Midwife
Address Bonners Ferry Idaho.
Filed June, 1940 Chas Bonnell
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

RECEIVED
JUL 3 - 1940

State File No. 119944
Local Reg. No. 14-40
Reg. Dist. No. 10

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital....Institution....Other place ....
(f) Name Hosp. or Inst. Bonners Ferry Hospital Stayed .....days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Lefebvre

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
5. Color or Race Female White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 1 - 1940

8. AGE	Years	Months	Days	If less than 1 day
				Stillborn hrs. min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) (State or foreign country)

Father
12. Name Wm Lefebvre
13. Birthplace ..... Minnesota (City or town) (State or foreign country)

Mother
14. Maiden name Lena Ryealter
15. Birthplace ..... Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wm Lefebvre and Address Bonners Ferry Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 6 3 1940 (Month) (Day) (Year)
(c) Place: Bonners Ferry, Idaho
18. Funeral Director's **OWN** Signature Harry R. Crowley and Address Bonners Ferry, Idaho
19. (a) June 3 - 1940 (Date received and filed) (b) R. M. Bowles (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 1 1940 at 9 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Stillborn
Due to Liver dysfunction with Jaundice
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R. M. Bowles M. D.
(M. D. or other)
and Address Bonners Ferry Ida Date 6/3 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of [illegible] Lic. No E 233 at [illegible] on 4-3-19[illegible]
ADDITIONAL REMARKS Pat. under care of Dr. [illegible] for [illegible] Baby died shortly after onset of premature labor - Born intensely jaundiced - No attending doctor - No autopsy.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 10 1940

CERTIFICATE OF BIRTH S 296040

Registration District No. 363 — State File No. ____
Prim. Registration District No. ____ — Local Registrar's No. 253

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ____ St. Mercy
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Joan Ann Helen Stillborne

3. Sex: female
If plural births: 4. Twin, triplet, or other ✓ — 5. Number, in order of birth ✓
6. Premature ✓ — Full term Yes
7. Legitimate? Yes
8. Date of birth 4-28, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Clyde Helen	18. Full maiden name: Amelia Engelman
10. Residence (usual place of abode) (If non-resident, give place and State): Homedale	19. Residence (usual place of abode) (If non-resident, give place and State): Homedale
11. Color or race: W — 12. Age at last birthday: 37 (years)	20. Color or race: W — 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Colo.	22. Birthplace (city or place) (State or Country): Kansas.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ____, 19____ — 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: ____, 19____ — 26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation: ____ months or weeks
30. Cause of stillbirth: ____ Before labor ____ During labor ____

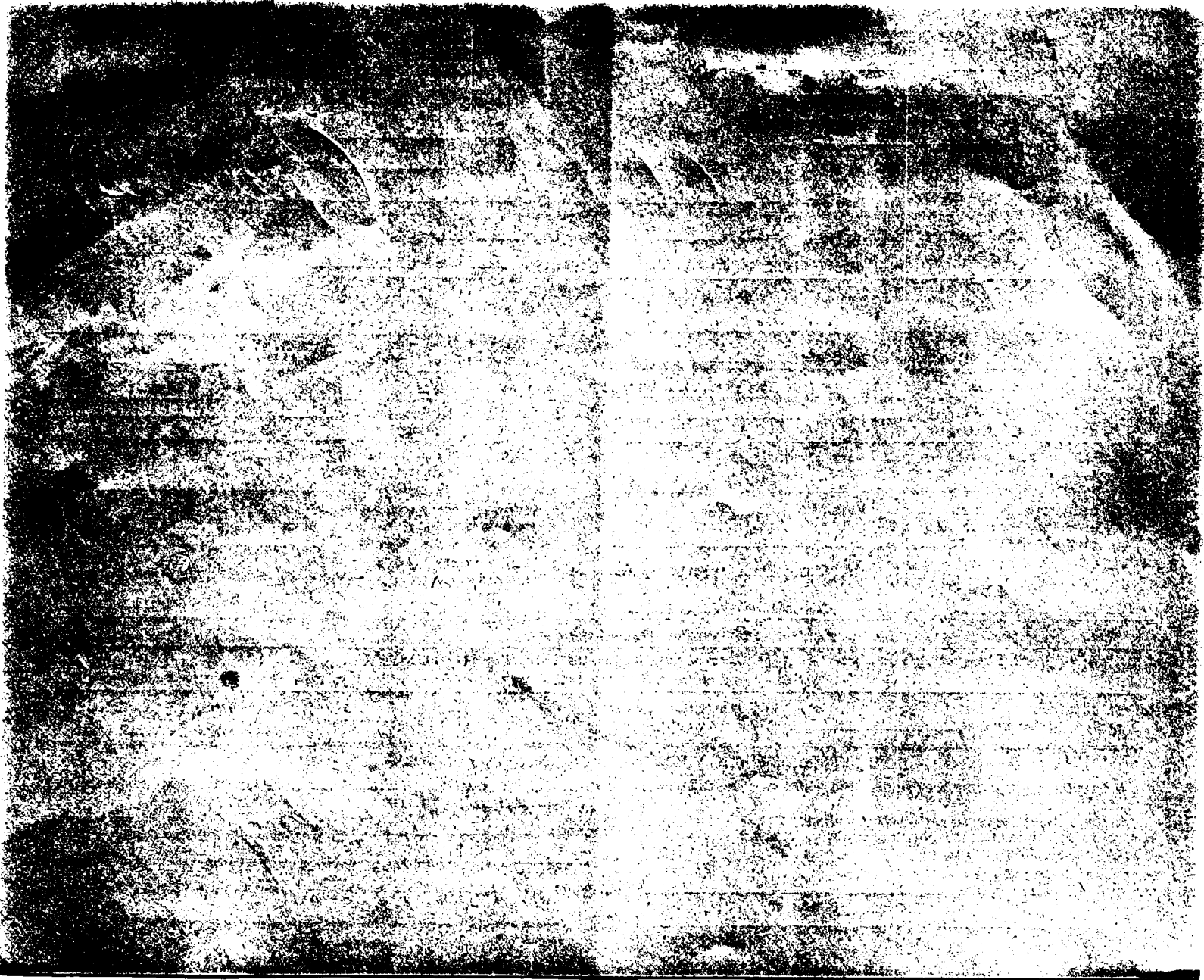
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 4:24 A at ____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Horace S. Belknap, M. D.
or ____, Midwife
Address Nampa Idaho

Filed July 6, 1940, 193__ Lyda Rodgers
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)
____
Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 10 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119945
Local Reg. No. 88
Reg. Dist. No. 363

1. PLACE OF DEATH
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 16 & Ave So.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. Homedale Ida
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Geo Jean Ann Collins.

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 28th 1940

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa (City or town) Ida (State or foreign country)

Father
12. Name Clyde B. Collins.
13. Birthplace Monarista (City or town) Colo. (State or foreign country)

Mother
14. Maiden name Angelia Jane Linard
15. Birthplace Marton (City or town) Kans. (State or foreign country)

16. Informant's X OWN Signature Clyde B Collins
and Address Homedale, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-40 (Month) (Day) (Year)
(c) Place: Golden Gate Nampa
18. Funeral Director's OWN Signature Hertz Funeral Chapel
and Address Nampa Idaho
19. (a) May 9-1940 (Date received and filed) (b) Lida Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 28 1940
at 4:24 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-28 1940, to 4-28 1940
I last saw h... alive on ..... 19..., death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Contraction labor squeezed baby's death. — Duration .....
Due to No anesthesia given at full. .....
Due to ....
Other conditions. (Include pregnancy within 3 months of death) Full term baby

Where was disease first contracted? ..... PHYSICIAN
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Horace Belknap (M. D. or other)
and Address Nampa Date 5/9 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

RECEIVED
JUL 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 296041

Registration District No. 363 State File No.

Prim. Registration District No. Local Registrar's No. 234

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. St.
Mercy Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Still born Gementeria

3. Sex: Female

If plural births: 4. Twin, triplet, or other: V 5. Number, in order of birth: V

6. Premature: Full term: yes

7. Legitimate? yes

8. Date of birth: June 24 1940 (Month, Day, Year)

FATHER

9. Full name: Jenaro Gementeria

10. Residence (usual place of abode) (If non-resident, give place and State): Jordan Valley, Oregon

11. Color or race: White | 12. Age at last birthday: 40 (years)

13. Birthplace (city or place) (State or Country): Spain

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Owner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Service Station

16. Date (month and year) last engaged in this work: Present, 1940

17. Total time (years) spent in this work: 7 yrs

MOTHER

18. Full maiden name: Josephine Arrien

19. Residence (usual place of abode) (If non-resident, give place and State): Jordan Valley Oregon

20. Color or race: White | 21. Age at last birthday: 38 (years)

22. Birthplace (city or place) (State or Country): Spain

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: Present, 1940

26. Total time (years) spent in this work: 20 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: 3 (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: 0 (c) Stillborn: 1

29. If stillborn, period of gestation: 9 months (months or weeks)

30. Cause of stillbirth: Prolapsed Cord { Before labor: Yes. During labor:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born (Born Alive or Stillborn) at 12 43 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W B Rees, M. D.

or , Midwife

Address Nampa Idaho

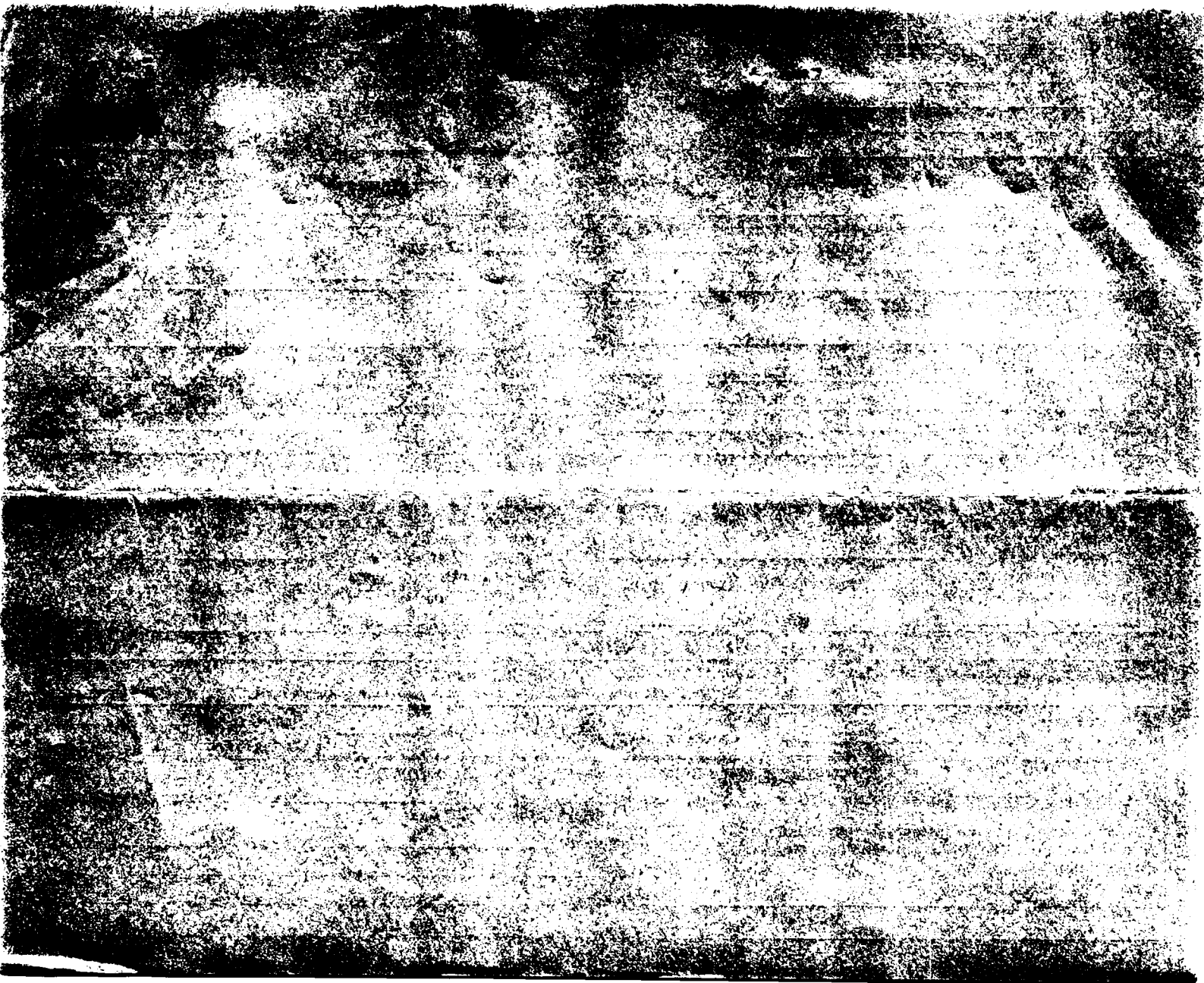
Give name added from a supplemental report

(Date of)

Filed July 2. 1940 Lyda Rodgers
Registrar.

Registrar.

ONE CHILD AT BIRTH A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH STATED.



United States
Department of Commerce
Bureau of the Census

RECEIVED JUL 10 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119946
Local Reg. No. 104
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Mercy Hospital
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. Mercy Hospital Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon (Mathews)
(c) City or town Nampa Jordan Valley Oreg.
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? —— Outside? —— city or town
(f) If foreign born, in U. S. —— yrs. Citizen of U. S.? ——
(g) How long had deceased lived in Idaho? —— years
(h) Former residence (city, state) ——

3. (a) **FULL NAME** Baby Rementeria

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) June 24, 1940

8. AGE	Years	Months	Days	If less than 1 day
				Still born hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Nampa Idaho (City or town) (State or foreign country)

Father
12. Name Tenaro Rementeria
13. Birthplace Acarda Spain (City or town) (State or foreign country)

Mother
14. Maiden name Josephine Arriena
15. Birthplace Regoita Spain (City or town) (State or foreign country)

16. Informant's **OWN** Signature Tenaro Rementeria and Address Jordan Valley ORE.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1940 (Month) (Day) (Year)
(c) Place: Mount Cavalary Nampa Ida,

18. Funeral Director's **OWN** Signature Frank A Ecker and Address 1516-8th St So Nampa, Ida,

19. (a) June 26 1940 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 22 1940 at 7:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn on 6/24/40 — Duration

Due to Complete Prolapses of Cord undelated cervix

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease first contracted? ——
Name of operation —— Date ——
Major finding ——
Finding of autopsy ——

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W B Rose MD (M. D. or other)
and Address Nampa Ida Date 6/26 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 10 1940

CERTIFICATE OF BIRTH

290642

Registration District No. 470 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 149

1. PLACE OF BIRTH

County of Cassia
City of Burley
No. _____ St. _____
Cottage Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Martha Lee Teaulee

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	Full term ✓	Yes	6/17, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Earl Homer Teaulee	18. Full maiden name Nita Faure
10. Residence (usual place of abode) (If non-resident, give place and State) Oakley Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Oakley Ida
11. Color or race W	12. Age at last birthday 34 (years)
20. Color or race W	21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Le Roy Ill.	22. Birthplace (city or place) (State or Country) Crawford Colorado
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common Laborer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
16. Date (month and year) last engaged in this work _____, 19__	17. Total time (years) spent in this work _____
25. Date (month and year) last engaged in this work _____, 19__	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Nit. Silver

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 mos. { months or weeks

30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 3:20 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

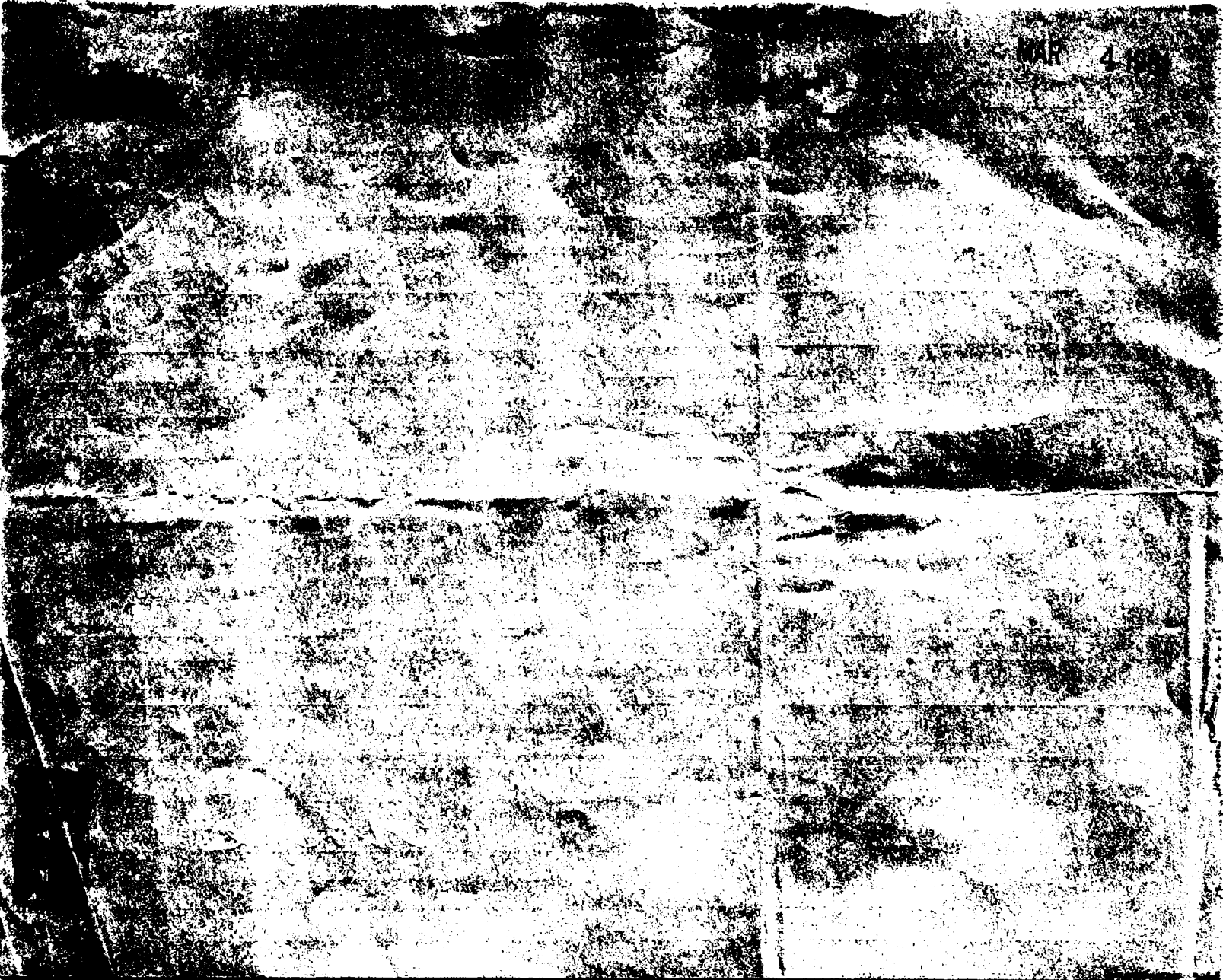
(Signed) D V Frazier, M. D.

or _____, Midwife

Address _____

Filed 6-30, 1940 Laura J Sprachen
Registrar.

_____
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

RECEIVED JUL 10 194

State File No. 11947
Local Reg. No. 57
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 14 So. 1st
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ... Hospital or Institution ... Other place ...
(f) Name Hosp. or Inst. Cottage Hospital Stayed ... days
(g) Lived in this county ... years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida. (b) County Cassia
(c) City or town Idahome
(d) Street Address or R. F. D. No. R. F. D. Malta
(e) Deceased lived Inside? ... Outside? ... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? ...
(g) How long had deceased lived in Idaho? ... years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** Martha Lee Pearler

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced ...
6. (b) Name of husband or wife ...
6 (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) June 17 1940

8. AGE	Years	Months	Days	If less than 1 day
				hrs ... min.

9. Exact Occupation None — Did this work for ... yrs.
10. Industry or Business ... — Date last worked ...
11. Birthplace Burley Ida. (City or town) (State or foreign country)

Father
12. Name Earl Hoover Pearler
13. Birthplace Fordlator Ill (City or town) (State or foreign country)

Mother
14. Maiden name Ruth Hoover
15. Birthplace Fordlator Colorado (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ruth Pearler and Address Idahome Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-40 (Month) (Day) (Year)
(c) Place: Malta Ida
18. Funeral Director's **OWN** Signature Vern B. McCulloch and Address Burley Idaho
19. (a) 6-22-40 (Date received and filed) (b) Laura E. Spracher (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 17 1940 at ... o'clock ... M.

21. I **HEREBY CERTIFY**, That I attended deceased from ... 19..., to ... 19...
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillborn
Due to ...
Due to Premature detachment of
Other conditions Placenta
(Include pregnancy within 3 months of death)

Where was disease first contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature G. H. Espe
and Address Burley, Ida (M. D. or other) Date 6/22 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS-OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Verne B. McCullagh Lic. No 260 at 4:00 P.M. on 6-17-40
ADDITIONAL REMARKS No autopsy. Embalmed. Pack + cavity work only. Because of pregnant.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. ____ St.
General Hosp.
(If born in hospital or institution give name.)

RECEIVED
JUL 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 296043

Registration District No. 650 State File No. ____
Prim. Registration District No. 2177 Local Registrar's No. 140

2. FULL NAME OF CHILD James Michael Stiles

3. Sex: male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth June 11, 1940 (Month, Day, Year)

FATHER

9. Full name James Monroe Stiles
10. Residence (usual place of abode) (If non-resident, give place and State) Phoenix Ariz.
11. Color or race white | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Indiana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Lillian Belva Young
19. Residence (usual place of abode) (If non-resident, give place and State) Phoenix Ariz.
20. Color or race white | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Evansville Indiana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% Ag
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 9 mos { months or weeks
30. Cause of stillbirth { Before labor Eclampsia / During labor Convulsions

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was St. ll born at 9:27 a.m. on the date above stated.
(Born Alive or Stillborn)

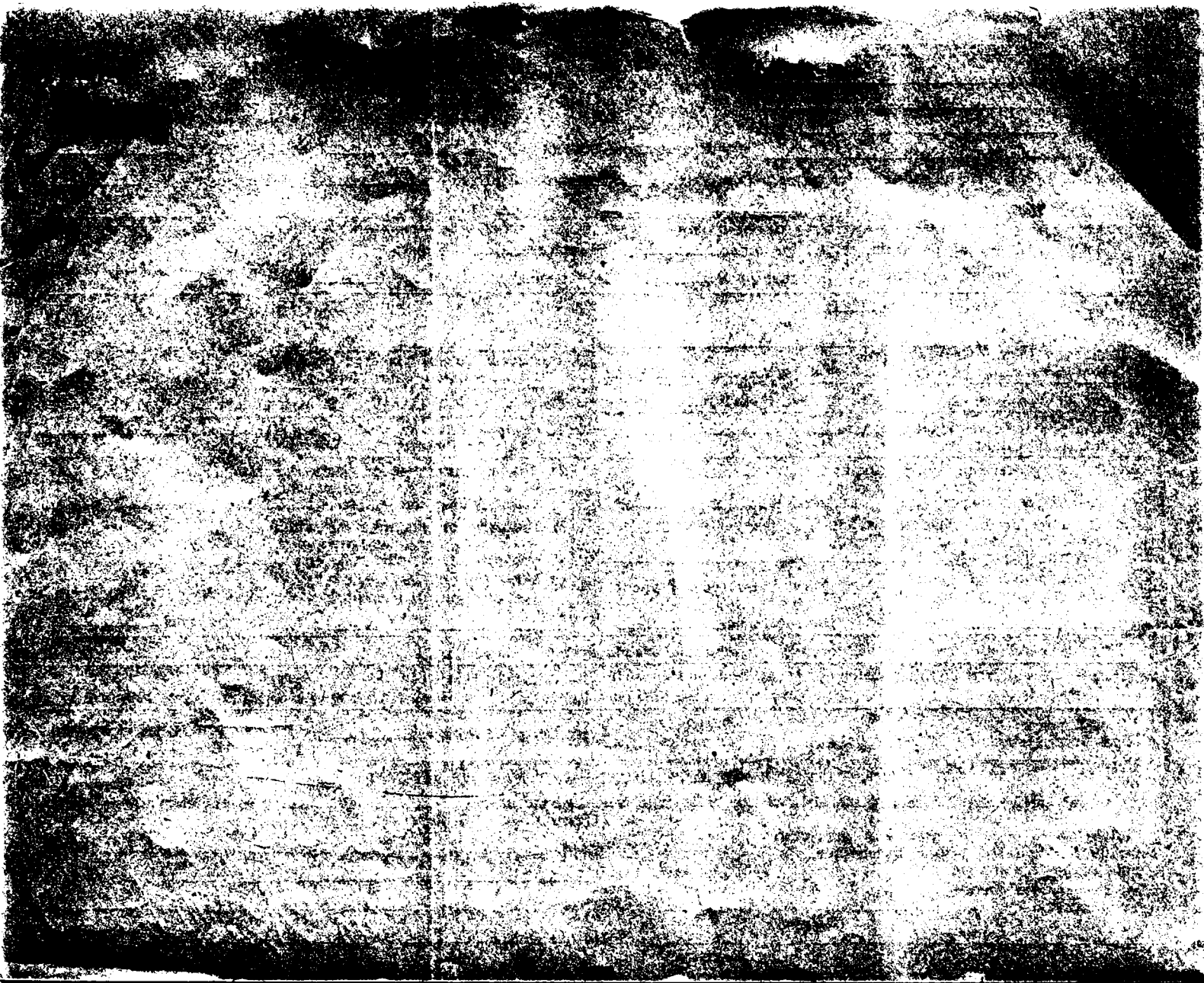
When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

(Signed) J A Allison, M. D.
or ____, Midwife
Address St. Anthony Idaho

Give name added from a supplemental report ____
(Date of)

Filed July 6, 1940 Registrar.

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED JUL 9 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119948
Local Reg. No. 45
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony Idaho
(c) Street Address or R. F. D. No. 26 No Bridge
(d) Death Occurred (Inside?) Outside? (city) or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Hosp. Stayed days
(g) Lived in this county years months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** James Micheal Stiles

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 11-1940

8. AGE	Years	Months	Days	If less than 1 day
	—	—	0	0 hrs 0 min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business None — Date last worked
11. Birthplace St. Anthony (City or town) Idaho (State or foreign country)

Father
12. Name James M. Stiles
13. Birthplace Perry Co. Ind. (City or town) (State or foreign country)

Mother
14. Maiden name Lillian [illegible] Young
15. Birthplace Evansville (City or town) Ind. (State or foreign country)

16. Informant's **OWN** Signature J. M. Stiles
and Address St. Anthony Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof June 12 1940 (Month) (Day) (Year)
(c) Place: Riverview St. Anthony, Idaho
18. Funeral Director's **OWN** Signature W. M. Hansen & Son
and Address St. Anthony Idaho
19. (a) June 11-1940 (Date received and filed) (b) W. M. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 11 1940
at 9.27 o'clock a M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 11 1940 to [illegible] 19
I last saw him alive on June 11 and he was not at all, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Due to Case seen on June 11 only
Due to no heart beat found at
Due to any time Body dead
Due to Person - Exact
Due to time and cause of
Other conditions Death not known
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. A. Allen M.D. (M. D. or other)
and Address St. Anthony Ida. Date 6/11 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

RECEIVED
JUL 5 1940

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 29044
Reg. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Un-named Owens

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth 5-8-40 (Month, Day, Year)

FATHER

9. Full name Edward Owens
10. Residence (usual place of abode) (If non-resident, give place and State) Jerome
11. Color or race W | 12. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or Country) St. David, Ariz.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. All types
16. Date (month and year) last engaged in this work 5/8/40, 19
17. Total time (years) spent in this work 30

MOTHER

18. Full maiden name Clais Turner
19. Residence (usual place of abode) (If non-resident, give place and State) Jerome
20. Color or race W | 21. Age at last birthday 42 (years)
22. Birthplace (city or place) (State or Country) Coyote, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work 5/5/40, 19
26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 7 (b) Born alive but now dead 0 (c) Stillborn 2
29. If stillborn, period of gestation Term months or weeks
30. Cause of Stillbirth Abruption of Placenta | During labor ____ Before labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1 30 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Carlyle Reid, M. D.
or ____, ~~Midwife~~
Address Jerome Idaho
Filed 6/31, 193 [illegible] C. F. Zeller
Registrar.

Give name added from a supplemental report ____
(Date of)
Registrar.

Bureau Vital Statistics,
State House
Boise, Idaho

United States
Department of Commerce
Bureau of the Census

RECEIVED
JUN 11 1940

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 119949
Local Reg. No. 15
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No. Ave A
   (d) Death Occurred Inside? — Outside? ....city or town
   (e) Died in a Home — Hospital....Institution ....Other place ....
   (f) Name Hosp. or Inst.....Stayed.....days
   (g) Lived in this county.....years.....months.....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No. Ave A
   (e) Deceased lived Inside? — Outside? ....city or town
   (f) If foreign born, in U. S.....yrs. Citizen of U. S.?.....
   (g) How long had deceased lived in Idaho?.....years
   (h) Former residence (city, state).....

3. (a) **FULL NAME** Baby Owens

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex M race W 5. Color or race — 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6 (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) May 8 1940

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	hrs — min.

9. Exact Occupation — Did this work for .....yrs.

10. Industry or Business — Date last worked

11. Birthplace Jerome (City or town) Idaho (State or foreign country)

Father
12. Name Ed Owens
13. Birthplace Ft David (City or town) Arizona (State or foreign country)

Mother
14. Maiden name Clois Warner
15. Birthplace Cogote (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Ed Owens.
and Address Jerome Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 19.40 (Month) (Day) (Year)
(c) Place: Jerome Cem

18. Funeral Director's **OWN** Signature R Wiley
and Address Jerome Idaho

19. (a) 6/10 (Date received and filed) by C. R. Zillen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) (5/8/40) Unknown
at.....o'clock .....M.

21. I **HEREBY CERTIFY**, That I attended deceased from Did not attend 19.....to 19.....
I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillbirth — Duration 2 days
Due to Abruptio placentae
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Where was disease first contracted?.....
Name of operation None Date.....
Major finding .....
Finding of autopsy No dance

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home.....Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

23. Attendant's **OWN** Signature Carlyle Smith (M. D. or other)
and Address Jerome Date 5/9/40
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of J R Worley Lic. No E 258 at Jerome on 5/8/46
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene Ida,
No. ____ St.
Lake side Hosp
(If born in hospital or institution give name.)

RECEIVED
JUL 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296045 S

Registration District No. 120 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 182

2. FULL NAME OF CHILD Janette Amesden

3. Sex F
If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature Yes Full term ____
7. Legitimate? Yes
8. Date of birth 6/28, 1940 (Month, Day, Year)

9. Full name	FATHER	18. Full maiden name	MOTHER
	Edward Arthur Amesden		Dorothy Jane Perkins
10. Residence (usual place of abode) (If non-resident, give place and State)	204-Garden Ave Coeur d'Alene Ida	19. Residence (usual place of abode) (If non-resident, give place and State)	204-Garden Ave Coeur d'Alene Ida
11. Color or race	W	20. Color or race	W
12. Age at last birthday	24 (years)	21. Age at last birthday	21 (years)
13. Birthplace (city or place) (State or Country)	Lodgepole, South Dakota	22. Birthplace (city or place) (State or Country)	Grand Junction South Dakota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____	25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? AgNO3 1%

28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn One

29. If stillborn, period of gestation 7 months { months or weeks

30. Cause of stillbirth death of fetus { Before labor Yes During labor ____

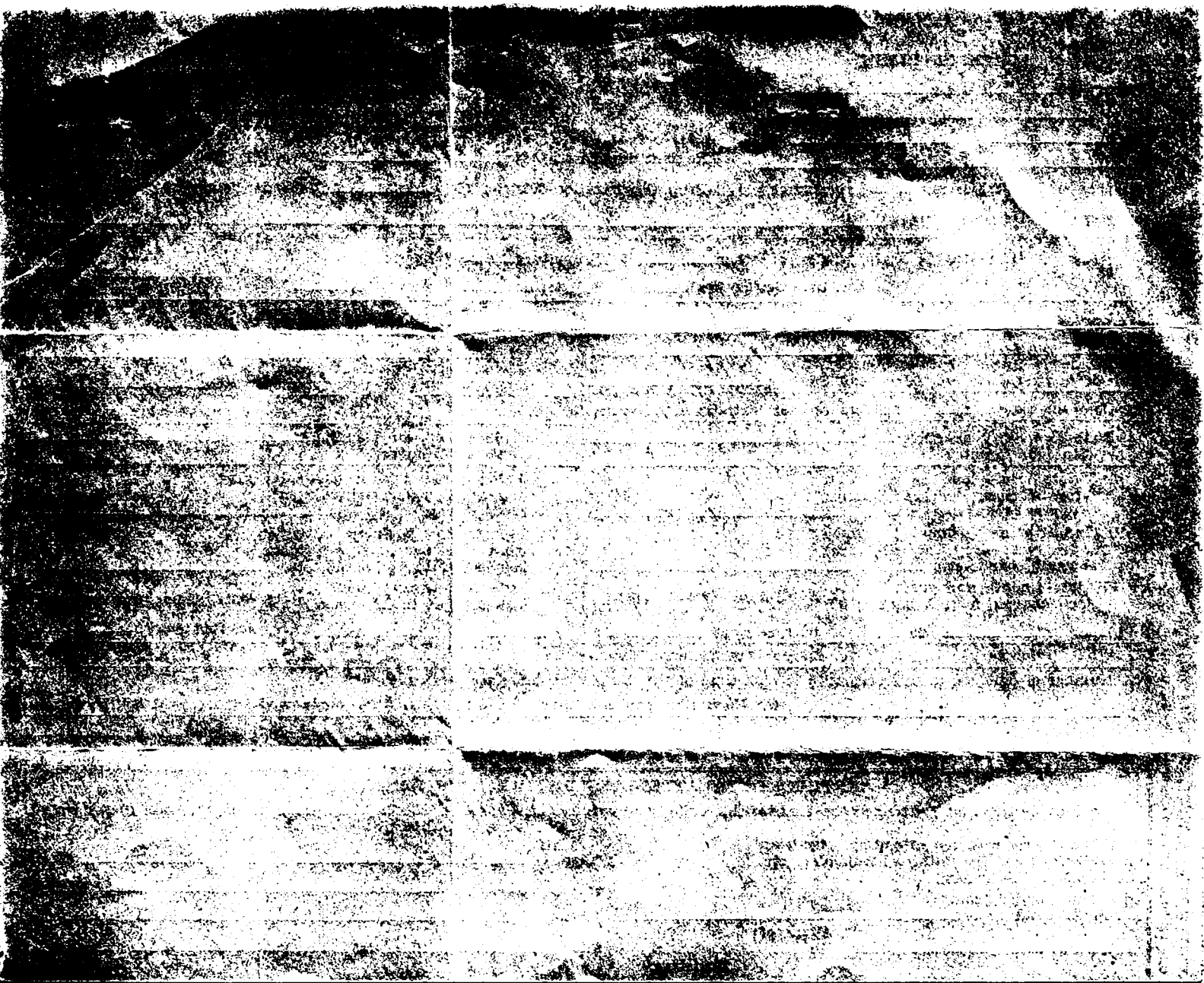
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born (Born Alive or Stillborn) at 1:10 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) Dr E. W. Teed, M. D.
or ____, Midwife
Address Coeur d'Alene Idaho
Filed 7.2, 1940 H. L. Newcomb, Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED
JUL 10 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119950
Local Reg. No. 127
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene, Idaho
(c) Street Address or R. F. D. No. 412 Lakeside Ave
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst. Lakeside Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. Lakeside Hosp
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. - yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME** Infant Jeanette Amesden

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Fem. 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6 (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) June 28, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min. 0

9. Exact Occupation none — Did this work for - yrs.
10. Industry or Business --- — Date last worked ---
11. Birthplace Coeur d'Alene, Idaho (City or town) (State or foreign country)

Father
12. Name Edward Amesden
13. Birthplace South Dakota (City or town) (State or foreign country)

Mother
14. Maiden name Dorothy Perkins
15. Birthplace Colorado (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Nadine Pigley
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/29/40 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene
18. Funeral Director's **OWN** Signature Mooney Mortuary
and Address Coeur d'Alene Idaho
19. (a) 6 28 40 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 28 1940
at 1:30 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 6-26-40, 1940, to 6-28-40, 1940
I last saw h.e.r. alive on 6-25 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn premature	
Due to Cause unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? ..... PHYSICIAN
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. H. Teed (M. D. or other)
and Address Coeurdalene Ida Date 6-25 19 40
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of [illegible] Lic. No. E-776 at [illegible] on [illegible]
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lemhi
City of Salmon
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
JUL 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 296046

Registration District No. 690 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arnold Jackson

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 3 1940 (Month, Day, Year)

FATHER

9. Full name Thomas Jackson
10. Residence (usual place of abode) (If non-resident, give place and State) Salmon
11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Garage
16. Date (month and year) last engaged in this work June, 1940 | 17. Total time (years) spent in this work 3-

MOTHER

18. Full maiden name Freda Swank
19. Residence (usual place of abode) (If non-resident, give place and State) Salmon
20. Color or race W | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Wash.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at Home
25. Date (month and year) last engaged in this work June, 1940 | 26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living None (b) Born alive but now dead None (c) Stillborn 1

29. If stillborn, period of gestation 9 months ~~or weeks~~ | 30. Cause of Stillbirth ..... During labor Yes Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

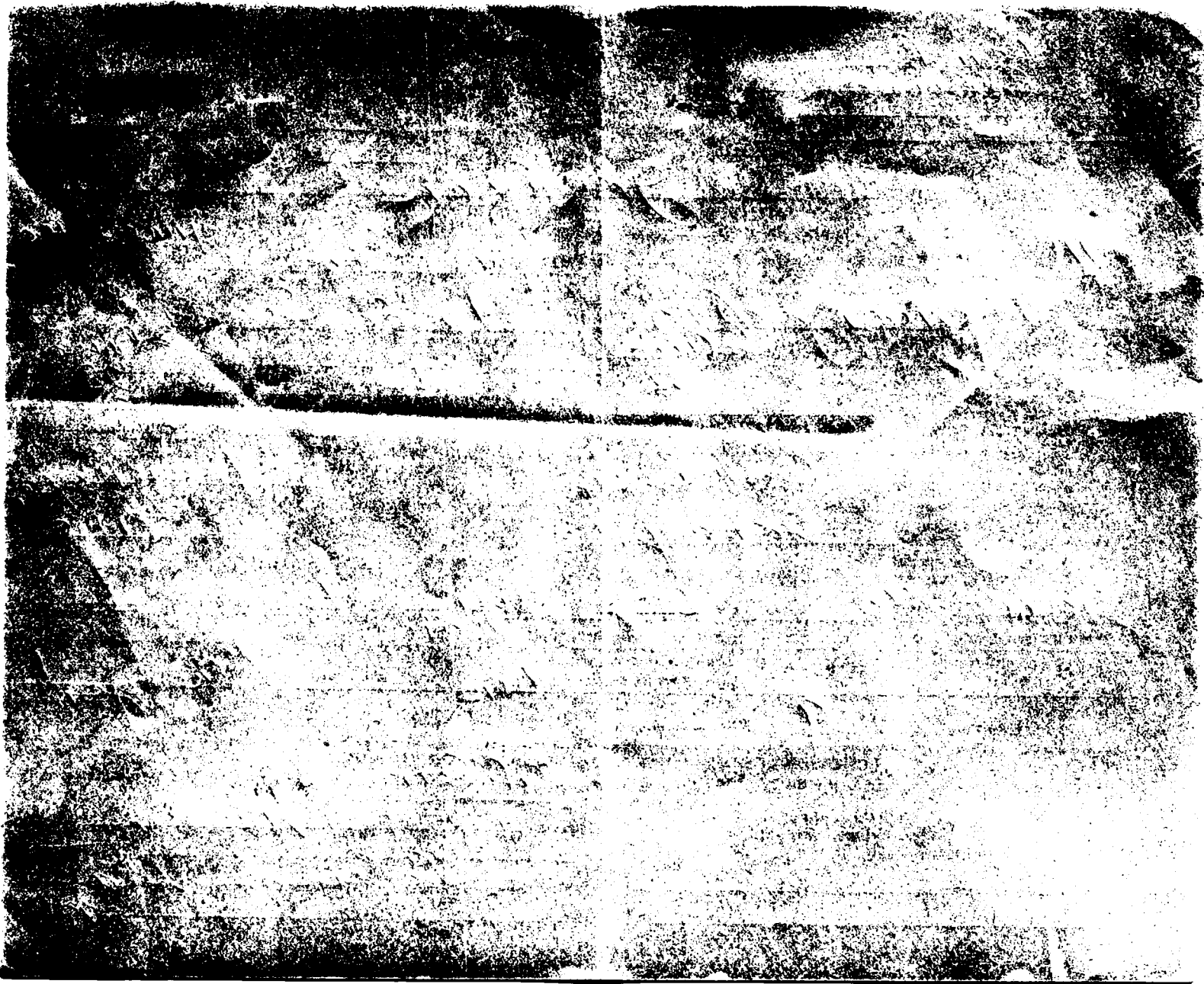
I hereby certify that I attended the birth of this child, who was Stillborn at 5 A. m. on the date above stated.
~~(Born Alive or~~ Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. L. Mullen, M. D.
or ....., ~~Midwife~~
Address Salmon Ida

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed July 10, 1940 Clio D. Bellamy
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

RECEIVED JUL 12 1940

State File No. 119951
Local Reg. No. 690
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Volrath Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** ARNOLD JACKSON

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 3, 1940

8. AGE	Years	Months	Days	If less than 1 day
				Still Born 0 hrs 0 min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Salmon, (City or town) Ida. (State or foreign country)

Father
12. Name Thomas Jackson
13. Birthplace Pleasant Hill, Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Freda Swank
15. Birthplace Hansen's Ferry, Wash. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Thomas Jackson and Address Salmon, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 6-4-1940 (Month) (Day) (Year)
(c) Place: Salmon Cemetery
18. Funeral Director's **OWN** Signature Ira C. Noelle and Address Salmon, Idaho
19. (a) July 10 (Date received and filed) (b) Chas. E. Dillamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 3rd 1940 at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 3 19 40 to 19 I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillbirth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. L. Meek M.D. (M. D. or other)
and Address Salmon, Ida. Date 6-4-40
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of William C. Doebler Lic. No. 7 at Salmon on June 3rd
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUL 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 236047

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. ____ St. St. Joseph's
(If born in hospital or institution give name.)

Registration District No. 220 State File No. ____
Prim. Registration District No. 94 Local Registrar's No. ____

2. FULL NAME OF CHILD Charlotte White

3. Sex F | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1 | 6. Premature Yes Full term ____ | 7. Legitimate? Yes | 8. Date of birth June 10, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Rawson R. White	18. Full maiden name Mabel Marie Carson
10. Residence (usual place of abode) 1425 - 3rd St. (If non-resident, give place and State) Lewiston, Ida.	19. Residence (usual place of abode) 1425 - 3rd St. (If non-resident, give place and State) Lewiston, Ida.
11. Color or race W. | 12. Age at last birthday 26 (years)	20. Color or race W. | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) Pangy (State or Country) Wisconsin	22. Birthplace (city or place) Davids (State or Country) Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Clerk	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife & Musician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hotel	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____
	25. Date (month and year) last engaged in this work ____, 19____
	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 months ~~or weeks~~

30. Cause of Stillbirth ____ During labor ____ Before labor Placenta, Marginalis

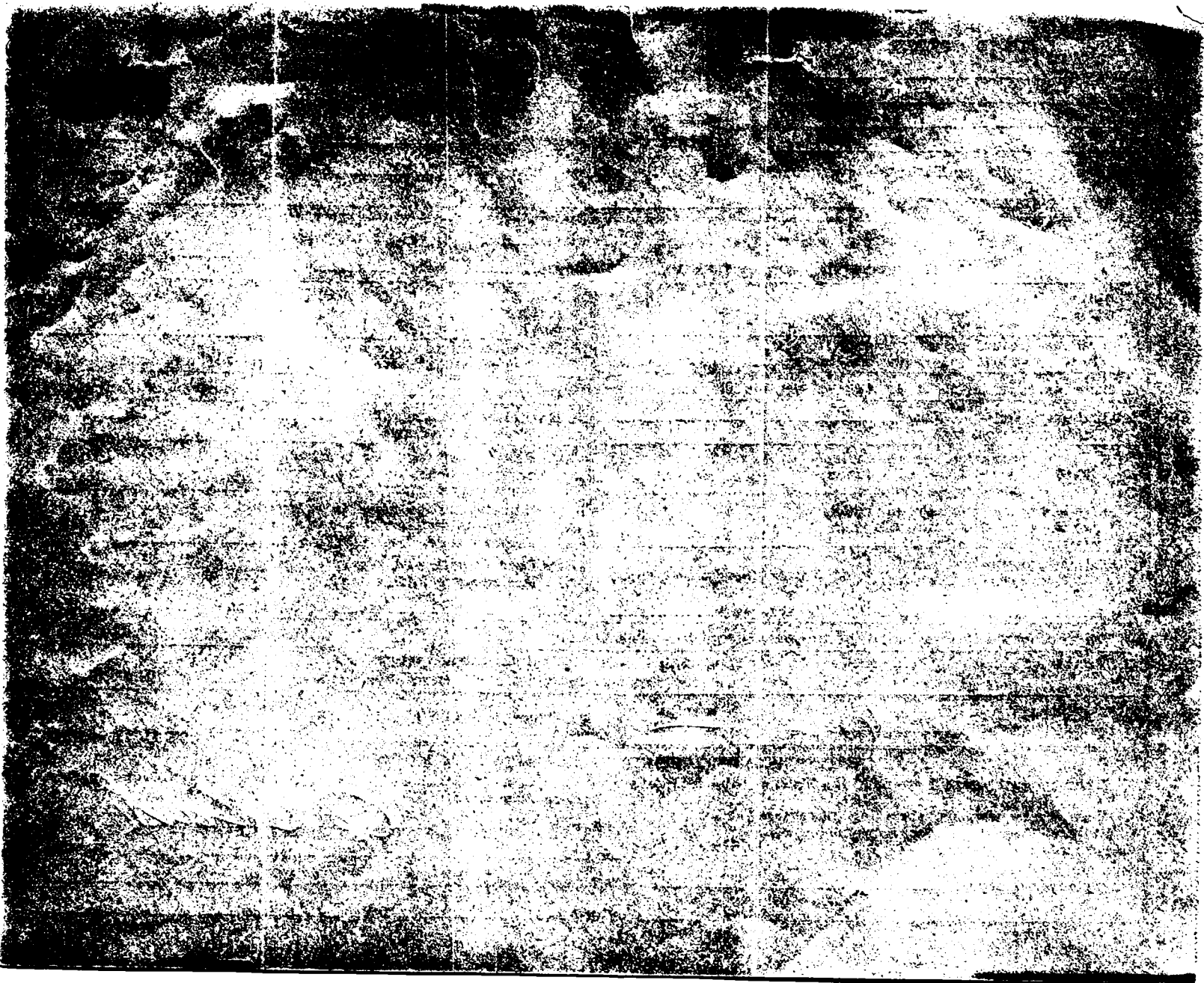
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:40 P. m. on the date above stated.
(~~Born Alive or~~ Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W O Clark, M. D.
or ____, ~~Midwife~~
Address Lewiston, Ida.
Filed July 9, 1940 Patricia Burke Deputy Registrar.

Give name added from a supplemental report ____
(Date of)
____ Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119952
Local Reg. No.
Reg. Dist. No. 220

RECEIVED JUL 10 1940

1. **PLACE OF DEATH:**
(a) County NezPerce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? In Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charlotte White

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 10, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Father
12. Name Rawson K. White
13. Birthplace Pansy (City or town) Wis. (State or foreign country)

Mother
14. Maiden name Mabel Marie Gaeson
15. Birthplace Dowds (City or town) Iowa (State or foreign country)

16. Informant's **OWN** Signature Rawson K. White and Address Lewiston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1940 (Month) (Day) (Year)
(c) Place: Lewiston Idaho
18. Funeral Director's **OWN** Signature Brower Wann Co. By R Brewer and Address Lewiston Idaho
19. (a) July 1 1940 (Date received and filed) (b) Patricia Runkel Deputy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 10, 1940 at o'clock M.
21. I **HEREBY CERTIFY**, That I attended deceased from June 10 1940, to June 10 1940
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Shell Gone — Duration
Due to Hemorrhage
Due to Coma
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W D Clark (M. D. or other)
and Address Lewiston Ida Date June 24 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of Malad
No. Oneida Hospital St.
(If born in hospital or institution give name.)

RECEIVED JUL 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH S 296048

Registration District No. 530 State File No.
Prim. Registration District No. 2069 Local Registrar's No. 70

2. FULL NAME OF CHILD Stuart

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term ✓	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		✓	yes	June 30, 1940

FATHER	MOTHER
9. Full name: George Stuart Jr.	18. Full maiden name: Verna Anne Oakley
10. Residence (usual place of abode) (If non-resident, give place and State): Malad	19. Residence (usual place of abode) (If non-resident, give place and State): Malad
11. Color or race: W / 12. Age at last birthday: 31 (years)	20. Color or race: W / 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Malad, Idaho	22. Birthplace (city or place) (State or Country): Downey, Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Hardley's Market	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: Present, 19	25. Date (month and year) last engaged in this work: Present, 19
17. Total time (years) spent in this work: Life	26. Total time (years) spent in this work: 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 9 mon. { months or weeks

30. Cause of Stillbirth { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 4 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) [redacted] Mabey, M. D.
or , Midwife
Address Malad Idaho
Filed July 2, 1940 J. Guy Dansie
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

RECEIVED JUL 5 1940

State File No. 119953
Local Reg. No. 15
Reg. Dist. No. 530

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Oneida
   (b) City or town Malad
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital or Institution Other place
   (f) Name Hosp. or Inst. Oneida Stayed days
   (g) Lived in this county years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City or town Malad
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Stuart (Stillborn)

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M race Wht
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 20 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Malad Idaho (City or town) (State or foreign country)

Father
12. Name George Stuart Jr.
13. Birthplace Malad Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Verna Ann Makley
15. Birthplace Downey Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature George Stuart Jr.
and Address Malad Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1940 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's **OWN** Signature J. Berry Benson
and Address Malad Idaho.
19. (a) June 22 1940 (Date received and filed) (b) J. Berry Benson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 20 1940
at 30 o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. A. Makley (M. D. or other)
and Address Malad 6-22 Date 19 40

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of J. Leroy Hanson Lic. No E 116 at Nampa Idaho 6-20-1940
ADDITIONAL REMARKS Dud Rae Co External injection thoracic cord-

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Power
City of American Falls, Idaho
No. 501 Pocatello Ave St.
Schiltz Memorial Hospital
(If born in hospital or institution give name.)

RECEIVED
JUL 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
296049

Registration District No. 500 State File No.
Prim. Registration District No. 2072 Local Registrar's No. 68

2. FULL NAME OF CHILD Marilyn Rae Tiede

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female					Yes	Yes	6-20-1940, 193

	FATHER	MOTHER
9. Full name	Fred Tiede	
18. Full maiden name		Irene Dick
10. Residence (usual place of abode) (If non-resident, give place and State)	American Falls Idaho	
19. Residence (usual place of abode) (If non-resident, give place and State)		American Falls Idaho
11. Color or race	W	
12. Age at last birthday	23 (years)	
20. Color or race		W
21. Age at last birthday		19 (years)
13. Birthplace (city or place) (State or Country)	American Falls Idaho	
22. Birthplace (city or place) (State or Country)		Aberdeen Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farming	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Farm	
16. Date (month and year) last engaged in this work	Now, 1940	
17. Total time (years) spent in this work	2 Yrs	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		Own Home
25. Date (month and year) last engaged in this work		Now, 19
26. Total time (years) spent in this work		9 Mo

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks

30. Cause of stillbirth { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (~~Born Alive or~~ Stillborn) at 2:30 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

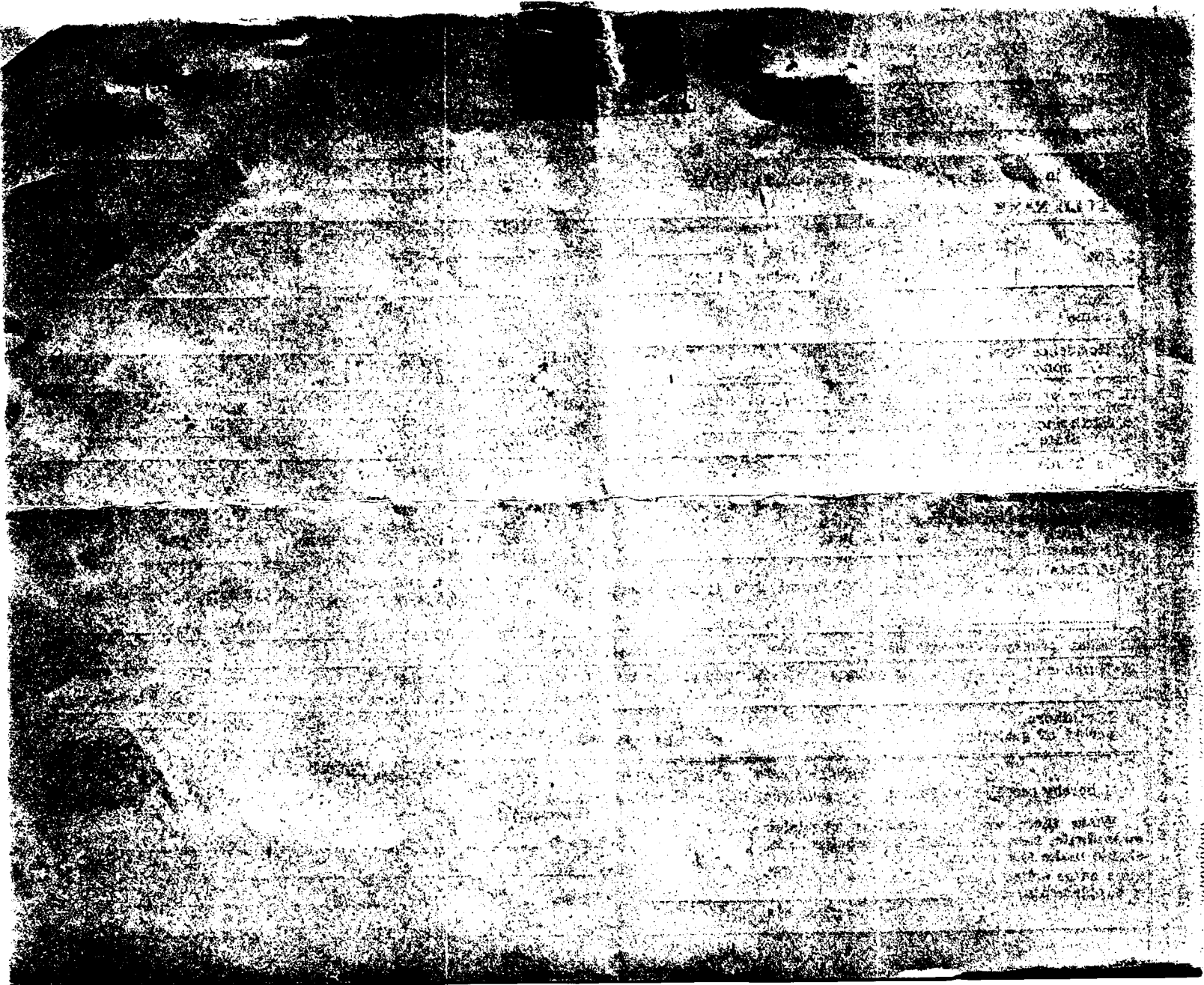
(Signed) [signature], M. D.

or , Midwife

Address American Falls

Filed 6-29-1940, 193 Idaho Bureau of Vital Statistics

Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED JUL 5 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119954
Local Reg. No. 17
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls Idaho
(c) Street Address or R. F. D. No. Am. Falls, Ida
(d) Death Occurred Inside? X Outside? ... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst. Schick Memorial Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town Am. Falls (Rural)
(d) Street Address or R. F. D. No. Farm home
(e) Deceased lived Inside? — Outside? X city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME** Marilyn Rae Tiede

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife ✓ 6 (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) 6 - 20 - 40

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs. 0 min.

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Am. Falls, Idaho. (City or town) (State or foreign country)

Father
12. Name Fred Tiede
13. Birthplace American Falls, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Irene Dick
15. Birthplace Aberdeen, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Johnny Tiede
and Address American Falls, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-1940 (Month) (Day) (Year)
(c) Place: Pleasant Valley.
18. Funeral Director's **OWN** Signature H. Downie
and Address Am. Falls, Idaho
19. (a) 6-21-1940 (Date received and filed) (b) Irene Baling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 20 1940
at 8 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from ... 19..., to ... 19...
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillbirth due to compression of cord during difficult
Due to instrumental delivery.

	Duration
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation ... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature W. H. Farrell
and Address Am. Falls Ida (M. D. or other) Date 6-23 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of W. L. Dennis Lic. No. 5253 at 8:30 PM on June 20th
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1940

CERTIFICATE OF BIRTH

S

Registration District No. 142 State File No. 296050

Prim. Registration District No. ~~142~~ Local Registrar's No. 83

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. 711 McKinley St.
Wardner Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Girl Mearns

3. Sex Female | If plural births {4. Twin, triplet, or other ____ 5. Number, in order of birth ____} | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 11, 1940 (Month, Day, Year)

FATHER

9. Full name William Edward Mearns
10. Residence (usual place of abode) (If non-resident, give place and State) Page Ida
11. Color or race W | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Alberta Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine
16. Date (month and year) last engaged in this work June, 1940
17. Total time (years) spent in this work 11 yrs

MOTHER

18. Full maiden name Mae Hakola
19. Residence (usual place of abode) (If non-resident, give place and State) Page Ida
20. Color or race W | 21. Age at last birthday 41 (years)
22. Birthplace (city or place) (State or Country) Gem Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work June, 1940
26. Total time (years) spent in this work 22 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 12 (At time of this birth and including this child) (a) Born alive and now living 11 (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation ____ {months or weeks}

30. Cause of Stillbirth {During labor Marginal placenta; ~~Before labor~~ Prolapsed cord}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 11 A.M. on the date above stated.

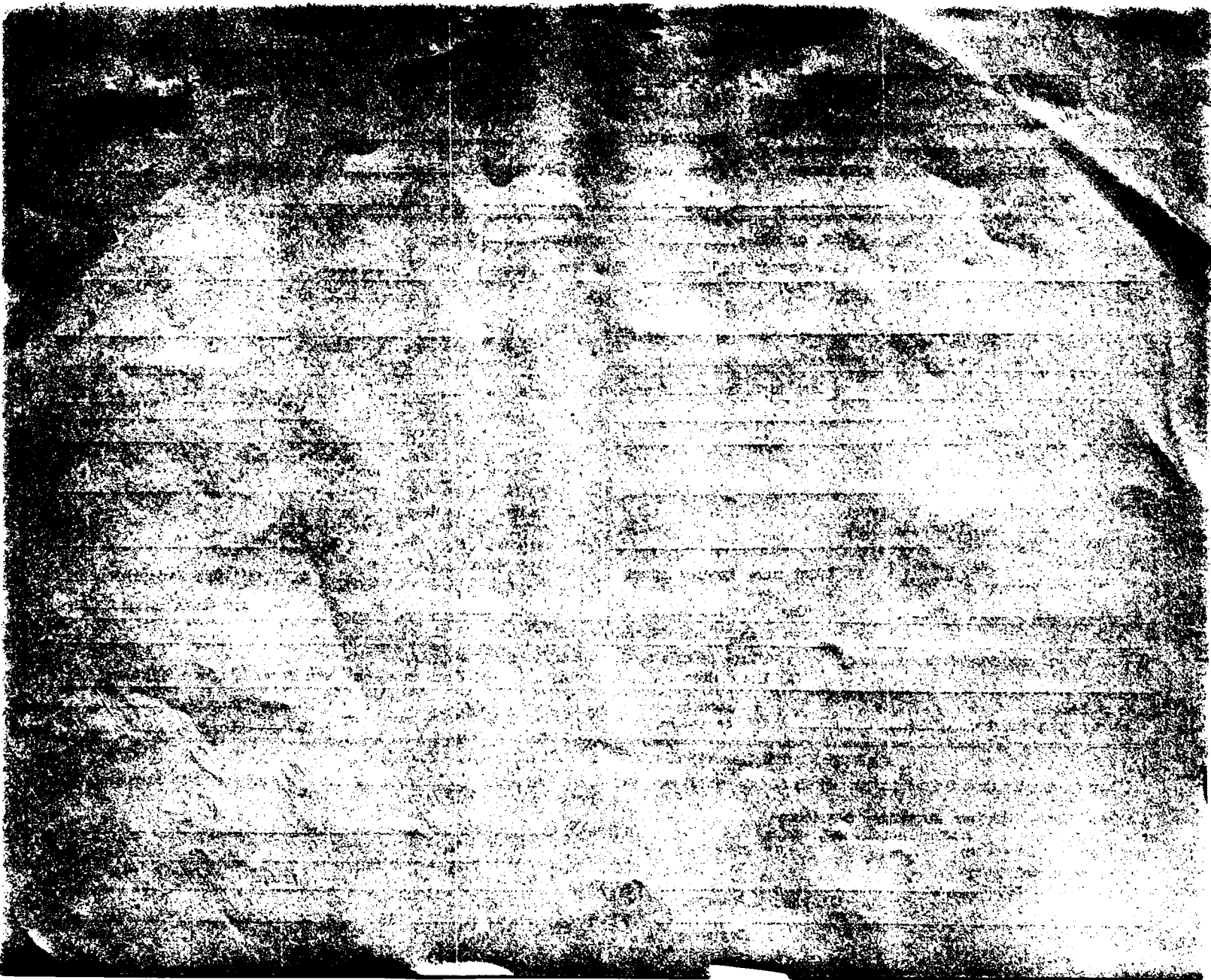
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edwin L. Lee, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed June 29, 1940 Mrs. Helen M. Brede
Registrar.

____
Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

RECEIVED JUL 5 1940

State File No. 119955
Local Reg. No. 32
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? yes Outside? ....city or town
(e) Died in a Home/ ....Hospital/Institution/ ....Other place/ ....
(f) Name Hosp. or Inst. Waraner Stayed ....days
(g) Lived in this county ....years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State .... (b) County ....
(c) City or town ....
(d) Street Address or R. F. D. No. ....
(e) Deceased lived Inside? ....Outside? ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.? ....
(g) How long had deceased lived in Idaho? ....years
(h) Former residence (city, state) ....

3. (a) **FULL NAME** Stillborn Infant Nearing

3. (b) If veteran, name war ....
3. (c) Social Security No. ....
4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced ....
6. (b) Name of husband or wife ....
6 (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) 6/11/40

8. AGE	Years	Months	Days	If less than 1 day
			STILLBORN	hrs min.

9. Exact Occupation .... Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Kellogg Idaho (City or town) (State or foreign country)

Father
12. Name William Nearing
13. Birthplace Alberta Canada (City or town) (State or foreign country)

Mother
14. Maiden name May Nokola
15. Birthplace Gem Idaho/ (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wm. Nearing and Address Paige - Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/40 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature The Bonnell C. McConnell and Address Kellogg Idaho
19. (a) June 11-1940 (Date received and filed) (b) Jess Nelson Jr. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 11 19 40
at 11 o'clock A.M.

21. I **HEREBY CERTIFY**, That I attended deceased from ....19...., to ....19....
I last saw h.... alive on ....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Still born	
Due to Occiput posterior	
Prolapsed cord	
Due to Marginal placenta	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? —
Name of operation — Date ....
Major finding —
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home — Farm — Industry —
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature E. Devin L. Kellogg M.D. (M. D. or other)
and Address Kellogg, Ida. Date 6-11 19 40
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1940

CERTIFICATE OF BIRTH 296051

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. 711 West McKinley St.
Wardner Hospital
(If born in hospital or institution give name.)

Registration District No. 142 State File No.
Prim. Registration District No. Local Registrar's No. 93

2. FULL NAME OF CHILD Baby Boy Custis.

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term yes
7. Legitimate? yes
8. Date of birth June 24, 1940 (Month, Day, Year)

FATHER

9. Full name John Wesley Custis
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Idaho
11. Color or race white | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Rock City, Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine
16. Date (month and year) last engaged in this work June, 1940
17. Total time (years) spent in this work 4 yrs.

MOTHER

18. Full maiden name Lois Wanita Patterson
19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Idaho.
20. Color or race white | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Alba, Missouri.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home.
25. Date (month and year) last engaged in this work June, 1940
26. Total time (years) spent in this work 11 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:00 A m. on the date above stated.
(Born Alive or Stillborn)

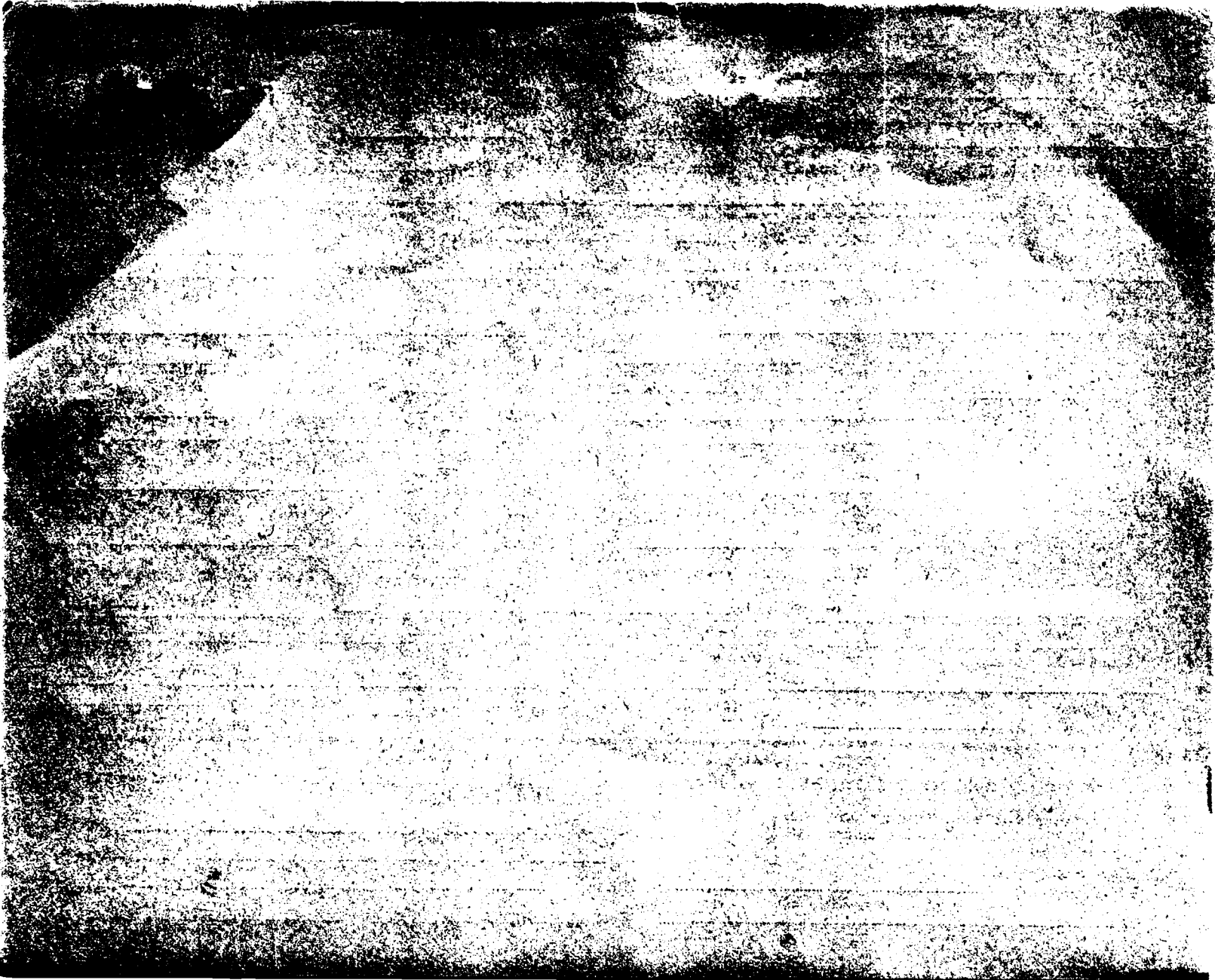
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Robert Sealey, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed June 29, 1940 Mrs. Helen McBride
Registrar.

.....
Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED
JUL 5 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119956
Local Reg. No. 33
Reg. Dist. No. 142

Stillborn

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Yes Outside? city or town
   (e) Died in a Home Hospital Institution / / /

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S. 296052

RECEIVED JUL 5 1940

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. ____ St. Kellogg Maternity Home
(If born in hospital or institution give name.)

Registration District No. 142 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 100

2. FULL NAME OF CHILD Baby Gray

3. Sex male. If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ 6. Premature X Full term ____ 7. Legitimate? Yes 8. Date of birth June 29, 1940 (Month, Day, Year)

FATHER

9. Full name Wm. D. McCurdy
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg
11. Color or race White | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____ 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Jean Nolan
19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Canada

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____ 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%
28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 2
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillborn Breech delivery + prematurity During labor X Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

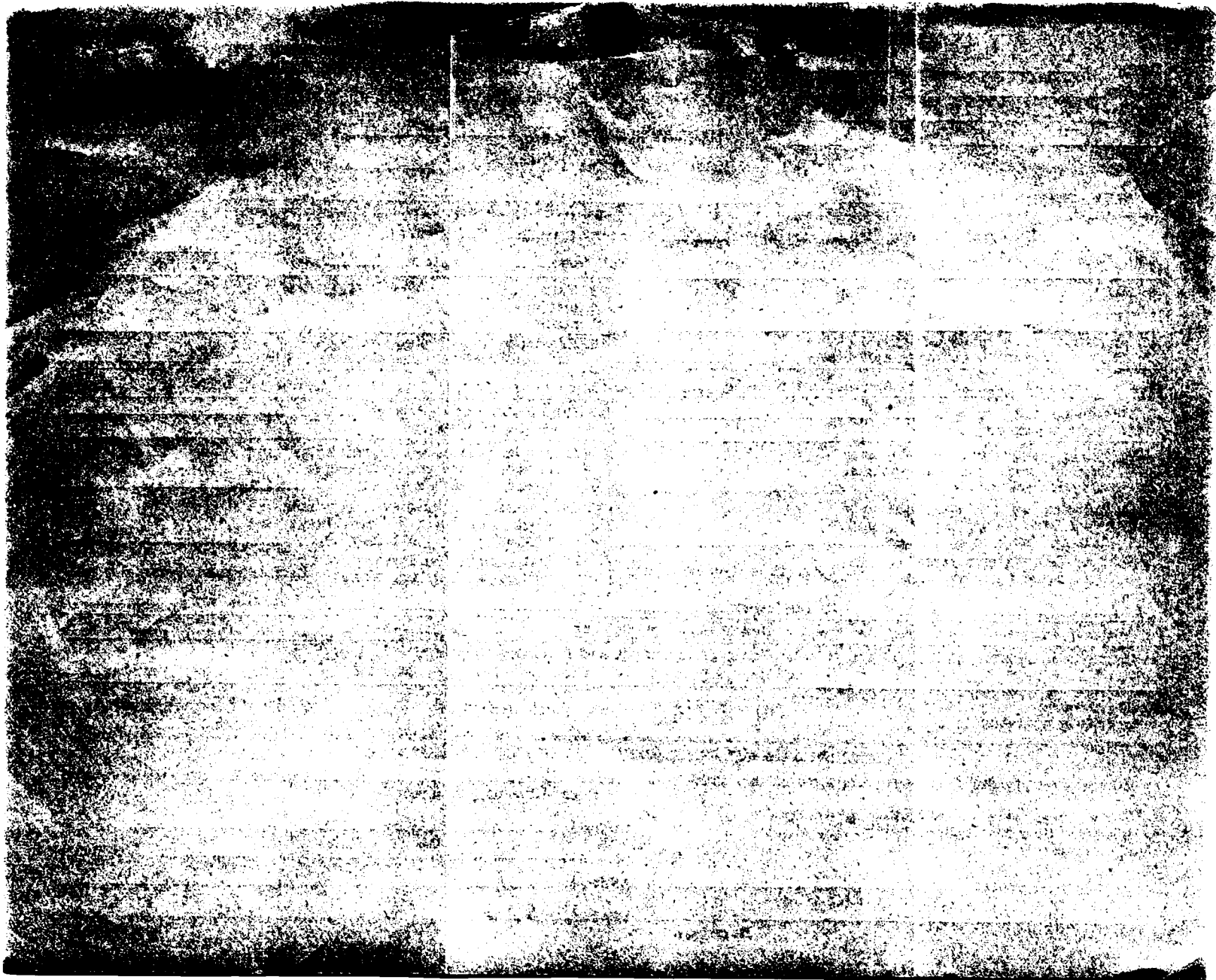
I hereby certify that I attended the birth of this child, who was stillborn at 6 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____ Registrar.

(Signed) W. C. Lindsay, M. D.
or ____, Midwife
Address Kellogg, Idaho

Filed July 3 11, 1940 Mrs. Helen McBride Registrar.



119957

United States Department of Commerce
Bureau of the Census

RECEIVED JUL 5 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119957
Local Reg. No. 36
Reg. Dist. No. 142

1. **PLACE OF DEATH:** Stillbirth
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No. 11 Elm St.
   (d) Death Occurred Inside? yes Outside? ..... city or town
   (e) Died in a Hospital? Maternity Home Other place ....
   (f) Name Hosp. or Inst. Kellogg Mat. Home Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town .....
   (d) Street Address or R. F. D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Boy McCurdy

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 29.1940

8. AGE	Years	Months	Days	If less than 1 day
				Stillborn hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Kellogg Idaho (City or town) (State or foreign country)

Father
12. Name William I. McCurdy
13. Birthplace ~~Sask.~~ Canada Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Jane Helen Nolan
15. Birthplace ~~Sask.~~ Can. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wm. I. McCurdy and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/40 (Month) (Day) (Year)
    (c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature M. C. Thornhill and Address Kellogg Idaho
19. (a) July 1 - 1940 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 29 1940 at 3 o'clock A. M.
21. I **HEREBY CERTIFY**, That I attended deceased from July 29 1940, to ..... 19..... I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Birth & Breech Delivery	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature M. C. Lindsay (M. D. or other)
    and Address Kellogg Ida. Date 7/1 1940
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1940

CERTIFICATE OF BIRTH

S 206053

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. County General Hospital St.
(If born in hospital or institution give name.)
Registration District No. 461 State File No.
Prim. Registration District No. Local Registrar's No. 482

2. FULL NAME OF CHILD Richard Harold Fowler

3. Sex: male
If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —
6. Premature? No. Full term? Yes.
7. Legitimate? yes.
8. Date of birth 6-3-1940 (Month, Day, Year)

FATHER

9. Full name Otto Fowler
10. Residence (usual place of abode) R. 2 Kimberly Ida (If non-resident, give place and State)
11. Color or race W | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Nezperce (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. partnership
16. Date (month and year) last engaged in this work Present, 1940
17. Total time (years) spent in this work 3 yrs

MOTHER

18. Full maiden name Eleanor N. Nadeau
19. Residence (usual place of abode) R. 2. Kimberly (If non-resident, give place and State)
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Placerville (State or Country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Present, 1940
26. Total time (years) spent in this work 1 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ____ { months or weeks
30. Cause of Stillbirth ____ { During labor ____ Before labor ____

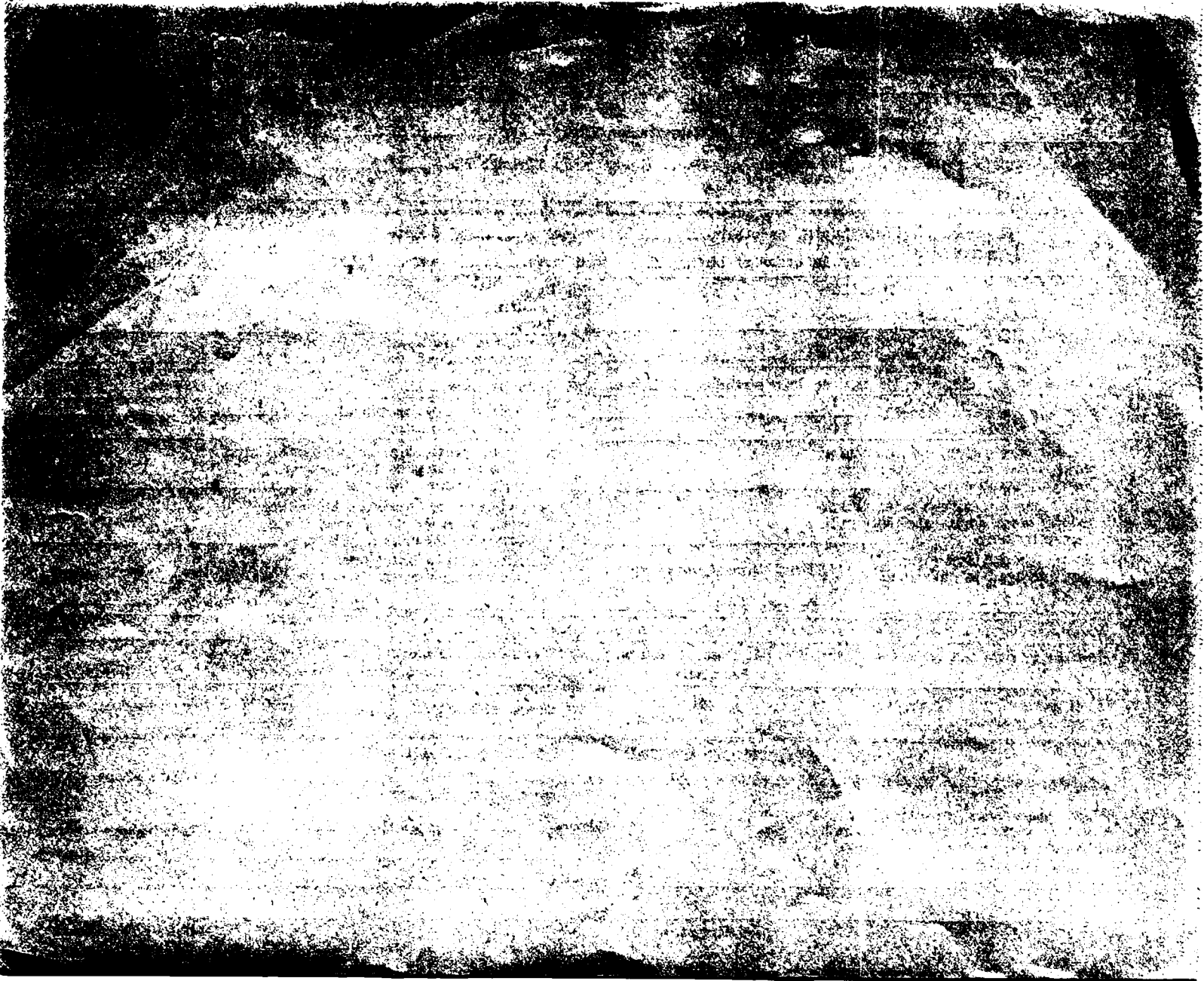
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was dead born (~~Born Alive~~ or Stillborn) at 12:10 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____ Registrar.

(Signed) John H Langdon, M. D.
or ____, Midwife
Address Twin Falls Ida
Filed 7-6, 1940 ____ Registrar.



United States —
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

RECEIVED JUL 12 1940 STATE OF IDAHO

State File No. 119958
Local Reg. No. 133
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T. F. County Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Ida (b) County Lincoln
(c) City or town Kimberly Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Fowler

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M race W
5. Color or race
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 3, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	0	0		

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Otto Fowler
13. Birthplace Nezperce, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Eleanor Nadeau
15. Birthplace Placerville, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Otto Fowler
and Address Kimberly, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/40 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature James E. Reynolds
and Address Twin Falls, Idaho
19. (a) JUL 12 1940 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) June 3, 1940 19
at 12:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 29 1940 to June 3 1940
I last saw him alive on June 29 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Premature birth at	
Due to Pneumonia of mother	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John L. Franklin (M. D. or other)
and Address Twin Falls Date 6/3/1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at on 6/3/40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. ____ St. ____
(If born in hospital or institution give name.) County General Hospital

RECEIVED
JUL 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 296054

Registration District No. 461 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 487

2. FULL NAME OF CHILD Judith Rae McKinney

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature — Full term Yes	7. Legitimate? Yes	8. Date of birth 6-5, 1940 (Month, Day, Year)
Female				

FATHER	MOTHER
9. Full name Reuben Delbert McKinney	18. Full maiden name Wanda Jane Haskins
10. Residence (usual place of abode) 353 3rd ave E (If non-resident, give place and State) Twin Falls, Ida	19. Residence (usual place of abode) 353 3rd ave E (If non-resident, give place and State) Twin Falls Ida
11. Color or race W | 12. Age at last birthday 20 (years)	20. Color or race W | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) Hansen (State or Country) Idaho	22. Birthplace (city or place) Morristown (State or Country) S. Dakota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Shell Oil Co	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Dec., 1939	17. Total time (years) spent in this work 2 yr.
25. Date (month and year) last engaged in this work Dec., 1939	26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ~~silver nitrate~~

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn —

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4.20 A m. on the date above stated.
(Born Alive or Stillborn)

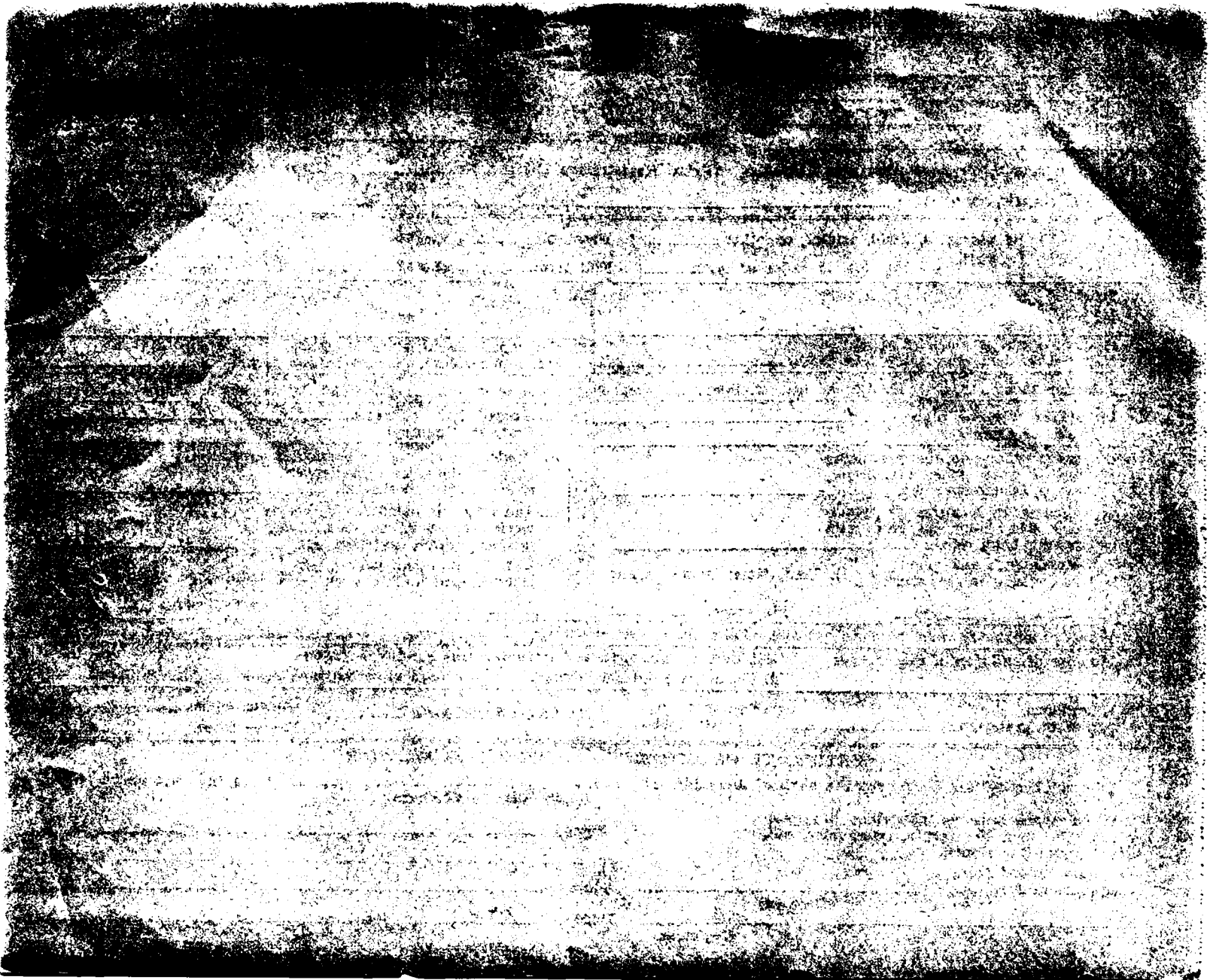
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) Charles B. Baymer, M. D.
or ____, Midwife
Address Twin Falls, Idaho

Filed 7-6, 1940

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 119959
Local Reg. No. 138
Reg. Dist. No. 460

RECEIVED JUL 12 1940

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T. F. County Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 333- 3rd Ave. [illegible]
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Judith Rae McKinney

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 5, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name R. D. McKinney
13. Birthplace Hansen, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Wanda Ione Haskins
15. Birthplace Morristown, Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature R. D. McK
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/40 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature James C. Reynolds Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) 6/6/40 (Date received and filed) (b) [signature] (Registrar)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 5, 1940 19
at 4:20 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 5 19 40 to June 5, 1940 19
I last saw her alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn — Duration
Due to Breech Position
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Where was disease first contracted? Home
Name of operation None Date
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Charles B. Beymer (M. D. or other)
and Address Twin Falls, Ida. Date 6/6/ 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 6/5/40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1940

CERTIFICATE OF BIRTH

296055

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. ____ St. County General Hospital
(If born in hospital or institution give name)

Registration District No. 461 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 414

2. FULL NAME OF CHILD Stillborn Mary Smith

3. Sex Female

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature yes Full term ____

7. Legitimate? Yes

8. Date of birth 6-7-1940 (Month, Day, Year)

FATHER

9. Full name Clyde Glenn Smith

10. Residence (usual place of abode) R 1 Buhl, Ida
(If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Marble Rock.
(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. rented farm

16. Date (month and year) last engaged in this work Present, 1940

17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Ada Mary Kidmore

19. Residence (usual place of abode) R 1 Buhl, Ida
(If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) Replogle Ida
(State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Present, 1940

26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ? { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 10 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Registrar.

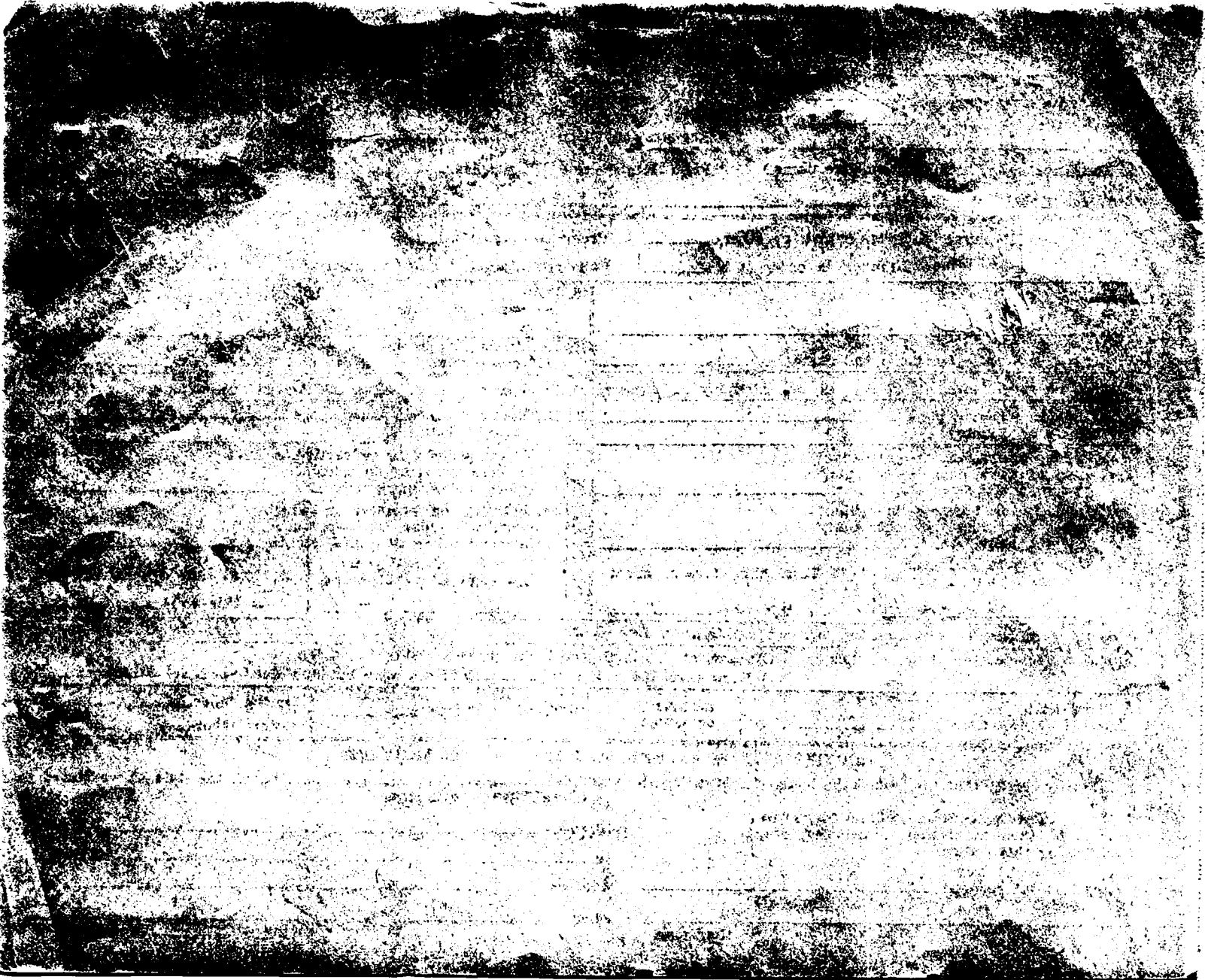
(Signed) Vern H. Anderson, M. D.

or ____, Midwife

Address Buhl, Idaho

Filed 7-8, 1940

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

RECEIVED JUL 12 1940

State File No. 119960
Local Reg. No. 140
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? ..... Outside? / city or town
(e) Died in a Home ....Hospital or Institution ....Other place ....
(f) Name Hosp. or Inst. Twin Falls Co. Hosp. Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. #1 Buhl Ida
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME** Baby Smith

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 0
6 (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) June 7th 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs 0 min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business 0 Date last worked .....
11. Birthplace Twin Falls Co. Gen'l Hosp. (City or town) (State or foreign country)

Father
12. Name Clyde Smith
13. Birthplace Osage (City or town) Arkansas (State or foreign country)

Mother
14. Maiden name Ada Skidmore
15. Birthplace Rexburg (City or town) Ida. (State or foreign country)

16. Informant's **OWN** Signature Clyde Smith
and Address Buhl Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-1940 (Month) (Day) (Year)
(c) Place: Buhl Idaho
18. Funeral Director's **OWN** Signature Evans & Johnson
and Address Buhl Ida
19. (a) 6/10/40 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/7 1940
at 10:30 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 6-7 1940, to 6-7 1940
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Prematurity — Duration .....
Due to 6½ mons. gestation — Duration .....
Due to By Caesarian Section — Duration .....
Due to — Duration .....
Other conditions — Duration .....
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Vern T. Anderson M.D. (M. D. or other)
and Address Buhl, Idaho Date June 9 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 238-46-0 PLACE OF BIRTH

County of Ada Idaho

City of Boise Idaho

No. ____ St. St Alphonsus Hospital

(If born in hospital or institution give name.)

RECEIVED AUG 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296867

S 97811A

Registration District No. 370 State File No. ____

Prim. Registration District No. ____ Local Registrar's No. 592

2. FULL NAME OF CHILD Stillborn Joseph Schlag

3. Sex M

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth 1

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth 7-16-40, 1940 (Month, Day, Year)

FATHER

9. Full name Jerome Tom Schlag

10. Residence (usual place of abode) (If non-resident, give place and State) R F D Boise

11. Color or race W | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Sacramento

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Boise Grocery Store

16. Date (month and year) last engaged in this work 10 Date, 1940

17. Total time (years) spent in this work ?

MOTHER

18. Full maiden name Helen L Bierman

19. Residence (usual place of abode) (If non-resident, give place and State) same

20. Color or race W | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Ontario Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work 10 Date, 1940

26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 1%

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 6:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F B Privett, M. D.

or ____ Midwife

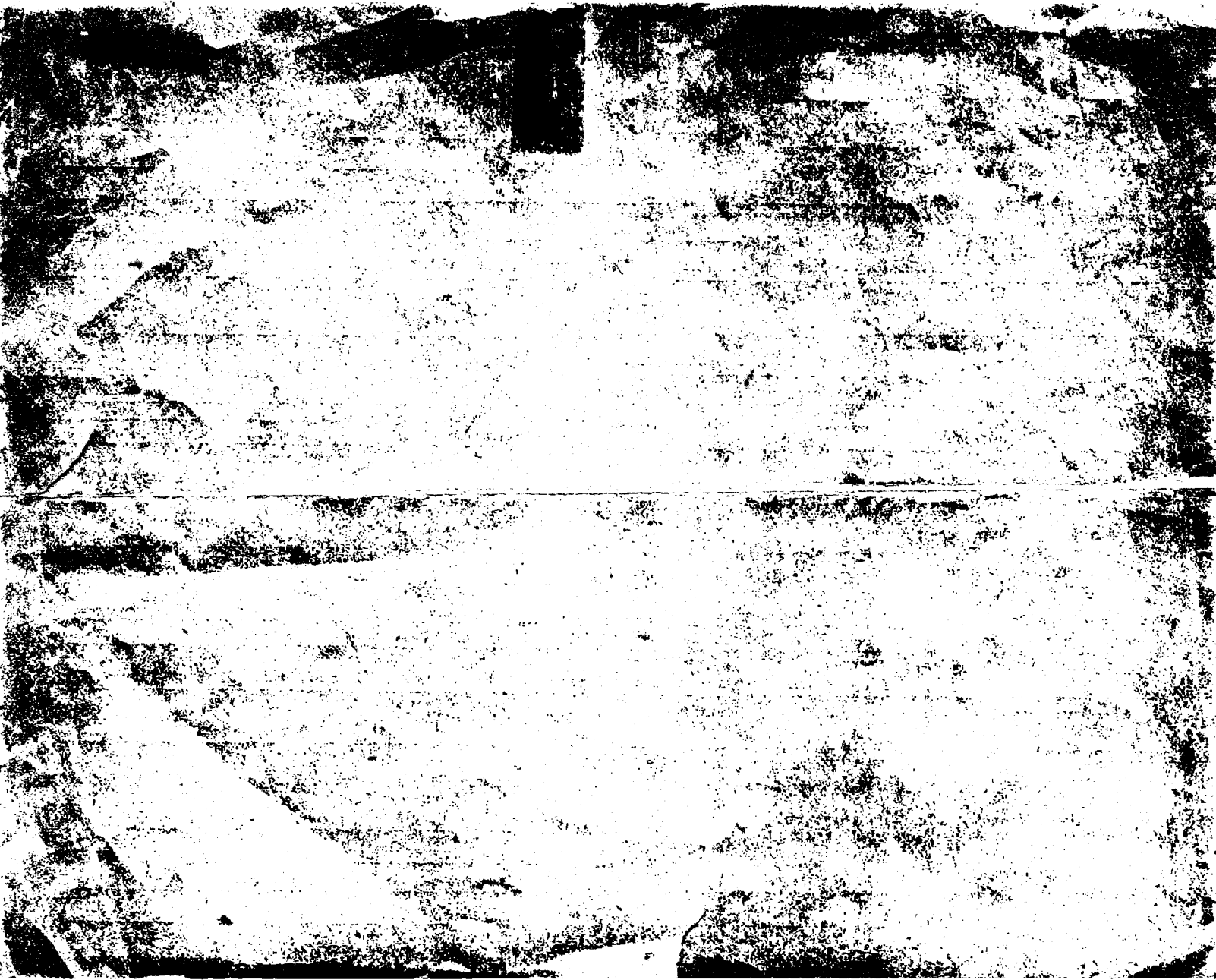
Address Boise Idaho

Give name added from a supplemental report ____ (Date of)

Filed 7-31, 1940 N. Sharp

Registrar.

Registrar.



120024

United States
Department of Commerce
Bureau of the Census

RECEIVED AUG 15 1940

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 120024
Local Reg. No. 226
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink in BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No. Rt. 4:
   (d) Death Occurred Inside? x Outside? ..... city or town
   (e) Died in a Home .... Hospital x Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed ..... days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R. F. D. No. Rt. 4
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Joseph Schlag ✓

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 16th. 1940

8. AGE	Years	Months	Days	If less than 1 day
	Stillborn			hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise Idaho (City or town) (State or foreign country)

Father
12. Name Jerome Schlag
13. Birthplace Green Bay Wis: (City or town) (State or foreign country)

Mother
14. Maiden name Helen Laurece Bierman
15. Birthplace Ontairo Ore: (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jerome W. Schlag
and Address Rt. 4: Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/1940 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's **OWN** Signature Schleicher & Fry Co
and Address Meiford Oregon
19. (a) 7-18-40 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 16 1940
at 6 30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Stillborn, to ....., 19.....
I last saw him alive on Stillborn, 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Strangulation & Cord.	
Umbilical Cord Around Neck	
Due to 3 turns around neck	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? — Homicide? —
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home — Farm — Industry —
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F B Cruett (M. D. or other)
and Address East Bldg Date 7/17 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Milford Driggs Lic. No. E316 at Buhl on 7/16/40
ADDITIONAL REMARKS

United States
Department of Commerce
Bureau of the Census

Rec'd.

CERTIFICATE OF DEATH

STATE OF IDAHO

August 15, 1940

State File No. 120024
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. Rt. 4
(d) Death Occurred Inside?.....Outside?.....city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst.....Stayed.....days
(g) Lived in this county.....years.....months.....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No.....
(e) Deceased lived Inside?.....Outside?.....city or town
(f) If foreign born, in U. S.....yrs. Citizen of U. S.?.....
(g) How long had deceased lived in Idaho?.....years
(h) Former residence (city, state).....

3. (a) **FULL NAME** Schlag Joseph - STILLBORN (original record at end of file with stillborn records)

3. (b) If veteran, name war.....
3. (c) Social Security No.....
4. Sex..... Color or race..... 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife.....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs min.

9. Exact Occupation..... Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) (State or foreign country)

Father
12. Name .....
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature..... and Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)
(c) Place: .....
18. Funeral Director's **OWN** Signature..... and Address .....
19. (a) ..... (Date received and filed) (b)..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 16, 1940 19.....
at.....o'clock .....M.

21. **I HEREBY CERTIFY,** That I attended deceased from .....19....., to.....19.....
I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

.....
.....
Due to.....
.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
.....
Where was disease first contracted?.....
Name of operation..... Date.....
Major finding .....
Finding of autopsy.....
.....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

23. Attendant's **OWN** Signature.....
(M. D. or other)
and Address..... Date.....19.....

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

336-10S-003-699

RECEIVED
AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH S 297811

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello, Idaho
No. — St.
St. Anthony Mercy Hosp.
(If born in hospital or institution give name.)

Registration District No. 511 State File No.
Prim. Registration District No. Local Registrar's No. 428

2. FULL NAME OF CHILD Wayne Boyd Clarke

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature ✓ Full term
7. Legitimate? Yes
8. Date of birth July 5, 1940 (Month, Day, Year)

FATHER

9. Full name Thomas Henry Clarke
10. Residence (usual place of abode) (If non-resident, give place and State) 352 Wayne
11. Color or race W | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Plymouth, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. employee O.S.L. Yard
16. Date (month and year) last engaged in this work Present, 19
17. Total time (years) spent in this work 6 yrs.

MOTHER

18. Full maiden name Yula Marie Wright
19. Residence (usual place of abode) (If non-resident, give place and State) 35½ Wayne
20. Color or race W | 21. Age at last birthday 35 (years)
22. Birthplace (city or place) (State or Country) Kansas City, Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work Present, 19
26. Total time (years) spent in this work 18 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother 8th (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 2

29. If stillborn, period of gestation 36 wks. months or weeks
30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9½ P.m. on the date above stated.
(Born ~~Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. S. Miller, M. D.
or , Midwife
Address 310 E. Center St. Pocatello

Give name added from a supplemental report
(Date of)

Filed 8-7, 1940 D C Ray
Registrar.

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120314
Local Reg. No. 155
Reg. Dist. No. 510

AUG - 5 1940

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650 N. 7th. Ave.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital or Institution X Other place ....
(f) Name Hosp. or Instn. St. Anthony's Hospital Stayed 1 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 352 Wayne Ave.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? none years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Wayne Boyd Clark

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6 (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) July 5, 1940.

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs ____ min.

9. Exact Occupation none — Did this work for ..... yrs.
10. Industry or Business Infant — Date last worked .....
11. Birthplace Pocatello. (City or town) Idaho. (State or foreign country)

Father
12. Name Thomas H. Clark
13. Birthplace Plymouth, (City or town) Utah. (State or foreign country)

Mother
14. Maiden name Marie Wright
15. Birthplace Exeter, (City or town) Missouri. (State or foreign country)

16. Informant's **OWN** Signature Thomas H. Clark
and Address Pocatello. Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1940. (Month) (Day) (Year)
(c) Place: Pocatello, Idaho.
18. Funeral Director's **OWN** Signature Hall Mortuary by C. H. Hall
and Address Pocatello, Idaho.
19. (a) July 6, 1940. (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 5, 1940.
at 9 o'clock P.M.

21. I **HEREBY CERTIFY**, That I attended deceased from July 5 1940, to July 5 1940
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Premature Birth - 36 wks.
Still Birth.
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F. S. Miller (M. D. or other)
and Address Pocatello, Idaho. Date 7/6/40.
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*
multiple skeletal fractures

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;*
generalized carcinomatosis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more t one child at birth a Separate Return must be made for each, and the number of each, in order of birth sta

1. PLACE OF BIRTH
County of Bannock
City of Pocatello, Idaho
No. ____ St.
St. Anthony Mercy Hosp.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 12 1940

CERTIFICATE OF BIRTH

S

Registration District No. ____ State File No. 297812
Prim. Registration District No. 5-10 Local Registrar's No. 410

2. FULL NAME OF CHILD Sandra Spahr

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term (yes)
7. Legitimate? yes
8. Date of birth July 6, 1940 (Month, Day, Year)

FATHER

9. Full name: Frank Spahr
10. Residence (usual place of abode) (If non-resident, give place and State): 331½ N. 13th
11. Color or race: W | 12. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country): Salt Lake City, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: R.R. Car Dept.
16. Date (month and year) last engaged in this work: Present, 19____
17. Total time (years) spent in this work: 14 yrs.

MOTHER

18. Full maiden name: Jarrell Wyonona
19. Residence (usual place of abode) (If non-resident, give place and State): 331½ N. 13th
20. Color or race: W | 21. Age at last birthday: 36 (years)
22. Birthplace (city or place) (State or Country): Riverdale, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
25. Date (month and year) last engaged in this work: Present, 19____
26. Total time (years) spent in this work: 11 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 4 (b) Born alive but now dead: 2 (c) Stillborn: 1

29. If stillborn, period of gestation: 9 mos { months or weeks

30. Cause of Stillbirth: Circulatory obstruction in Cord — During labor: rigeo; Before labor: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 10:20 a.m. on the date above stated.
(Born Alive or Stillborn)

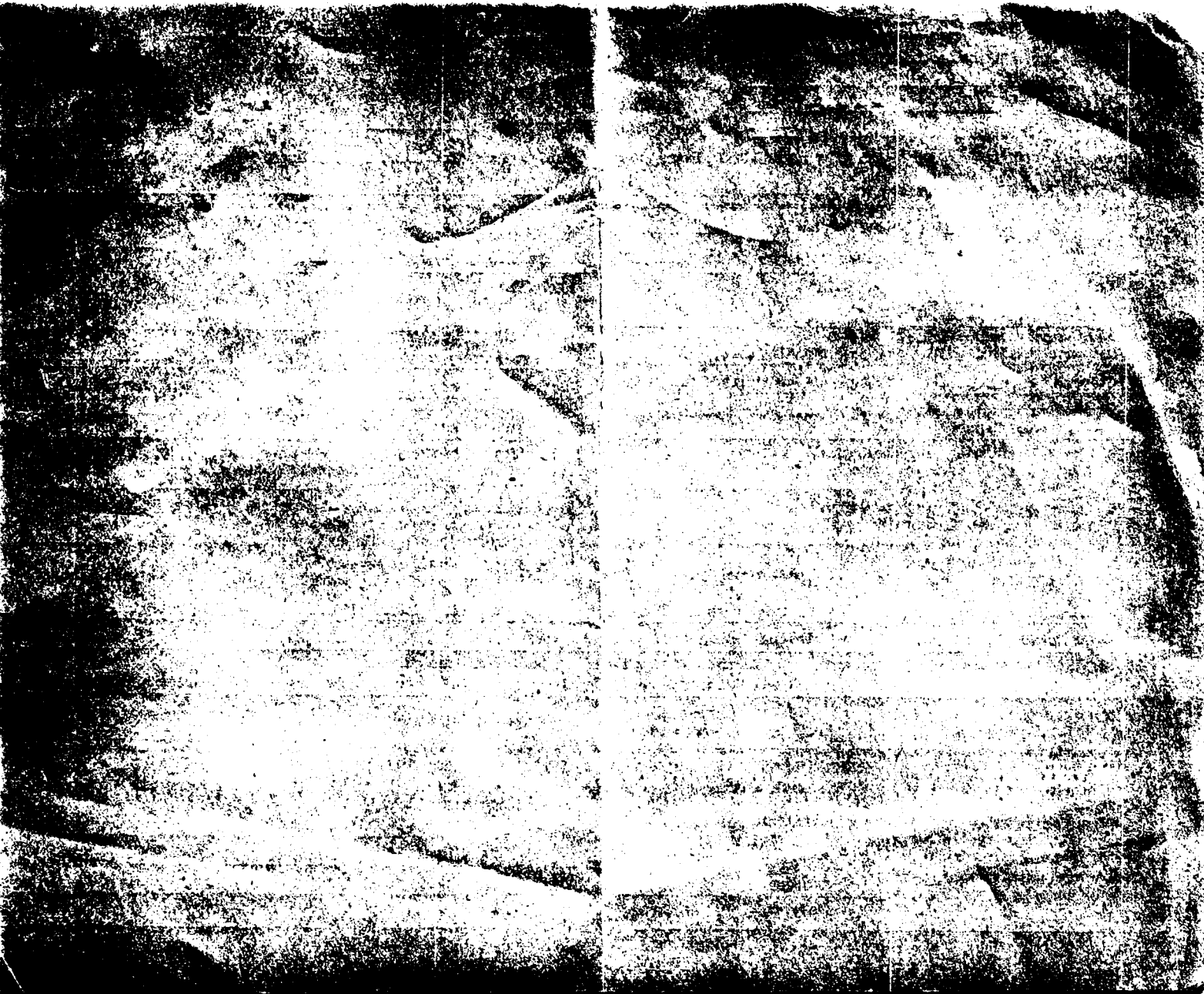
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) J. R. Yancey, M. D.
or ____, Midwife
Address Pocatello, Ida.

Filed 8-8, 1940 D. C. Ray
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120315
Local Reg. No. 153
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 331 1/2 No 7th
(d) Death Occurred Inside? X Outside? ___ city or town
(e) Died in a Home ___ Hospital X Institution ___ Other place ___
(f) Name Hosp. or Inst. St Anthonys Stayed ___ days
(g) Lived in this county ___ years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. ___
(e) Deceased lived Inside? X Outside? ___ city or town
(f) If foreign born, in U. S. ___ yrs. Citizen of U. S.? ___
(g) How long had deceased lived in Idaho? ___ years
(h) Former residence (city, state) ___

3. (a) **FULL NAME** Sandra Shahr

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ___ 6 (c) Age of husband or wife if alive ___ years

7. Date of Birth (Month, Day, Year) July 6th 1940

8. **AGE**

Years	Months	Days	If less than 1 day
—	—	—	hrs — min.

9. Exact Occupation None. Did this work for ___ yrs.

10. Industry or Business Infant Date last worked ___

11. Birthplace Pocatello (City or town) Idaho (State or foreign country)

Father
12. Name Frank E. Shahr
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

Mother
14. Maiden name Wynona Jarrell
15. Birthplace Rirendale (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Frank E. Shahr and Address Pocatello Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 40 (Month) (Day) (Year)
(c) Place: Mt View Cem. Pocatello Ida

18. Funeral Director's **OWN** Signature H. L. McGhan and Address Pocatello Idaho

19. (a) 8-8 40 (Date received and filed) (b) ___ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6th 1940 at 10.20 o'clock a M.

21. I **HEREBY CERTIFY**, That I attended deceased from 7-6 1940 to 7-6 1940
I last saw her alive on 7-6 1940 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Still born —
Due to Strangulation of Cord —
Due to Knot in Cord —
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? ___
Name of operation ___ Date ___
Major finding ___
Finding of autopsy ___

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___

23. Attendant's **OWN** Signature H. Hamm (M. D. or other)
and Address Pocatello Ida Date July 8 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello, Idaho
No. ____ St. ____
(If born in hospital or institution give name) St. Anthony Mercy Hosp.

RECEIVED
AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
S
CERTIFICATE OF BIRTH 297813

Registration District No. ____ State File No. ____
Prim. Registration District No. 510 Local Registrar's No. 947

2. FULL NAME OF CHILD (No Name Given) Willey

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ✓ Full term ____
7. Legitimate? yes
8. Date of birth July 24, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Everett Warren Willey	18. Full maiden name: Theresa Taylor
10. Residence (usual place of abode) (If non-resident, give place and State): 342 S. 2nd	19. Residence (usual place of abode) (If non-resident, give place and State): 342 S. 2nd
11. Color or race: W | 12. Age at last birthday: 34 (years)	20. Color or race: W | 21. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or Country): Orlando, Nebraska	22. Birthplace (city or place) (State or Country): Lehi, Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Roofer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sterling Furniture Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Present
16. Date (month and year) last engaged in this work: Present, 19__	17. Total time (years) spent in this work: 16 yrs.
25. Date (month and year) last engaged in this work: Present, 19__	26. Total time (years) spent in this work: 15 mo.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None Ideal 2a°10

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 1 Dead 3 hrs Mas. only (c) Stillborn 0

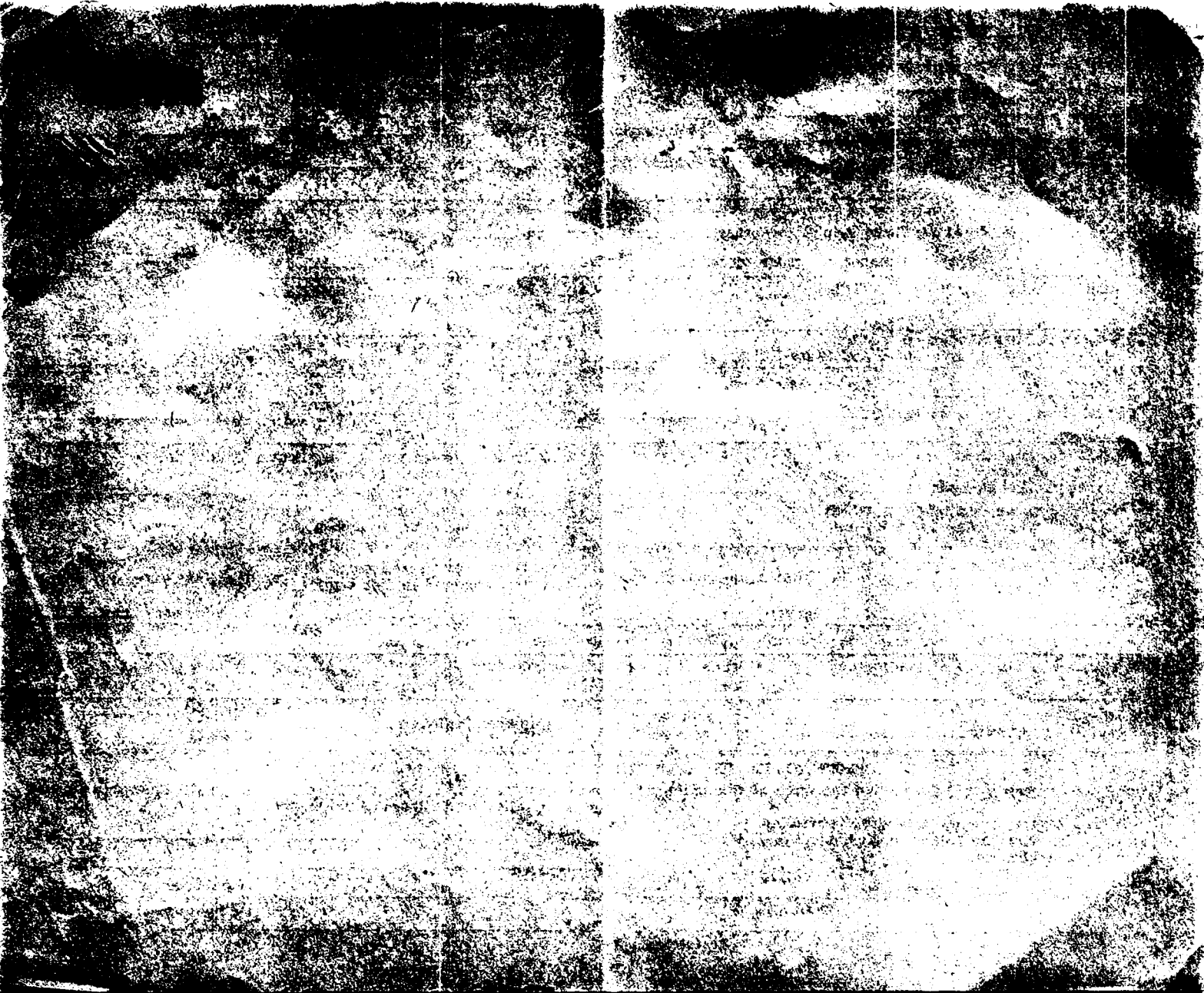
29. If stillborn, period of gestation ____ { months or weeks
30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Manfackis 3 hr Mas at 3:15 p.m. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of) ____
Registrar.

(Signed) Geo. O'Neal, M. D.
or ____, Midwife
Address Pocatello Idaho
Filed 8-8, 1940 D. C. Ray
Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED AUG -5 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120316
Local Reg. No. 169
Reg. Dist. No. 3-16

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? — Outside? ... city or town
(e) Died in a Home ... Hospital — Institution ... Other place ...
(f) Name Hosp. or Inst. St. Anthony's Hosp. Stayed ... days
(g) Lived in this county ... years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello Ida.
(d) Street Address or R. F. D. No. 342 S. 2nd St.
(e) Deceased lived Inside? — Outside? ... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? ...
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** Infant Willey

3. (b) If veteran, name war — 3. (c) Social Security No. —
5. Color or race W.
6. (a) Single, widowed, married, divorced single
4. Sex F
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) July 24, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs ... min.

9. Exact Occupation — Did this work for ... yrs.
10. Industry or Business — Date last worked
11. Birthplace Pocatello Ida. (City or town) (State or foreign country)

Father
12. Name Everett Willey
13. Birthplace Orleans Neb. (City or town) (State or foreign country)

Mother
14. Maiden name Theresa Tabor
15. Birthplace Lehi Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature E W Willey
and Address 342 S. 2nd
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/30/40 (Month) (Day) (Year)
(c) Place: Mountain View
18. Funeral Director's **OWN** Signature Byron B. Bowmaster
and Address Pocatello Ida.
19. (a) 7-26-40 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24 1940
at ... o'clock ... M.

21. I **HEREBY CERTIFY**, That I attended deceased from July 24 1940, to — 19..
I last saw h. alive on — 19..; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ? — Duration
3 H Moreth
Due to Gastroenteritis
Due to Dehydration
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? — PHYSICIAN
Name of operation ... Date ...
Major finding
Finding of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19.. City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature O. F. Call (M. D. or other)
and Address Pocatello, Idaho Date 7/25 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Memorial House St.

6 D 2 Hosp.

(If born in hospital or institution give name)

RECEIVED

AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

Registration District No. 610 State File 257814

Prim. Registration District No. Local Registrar's No. 557

2. FULL NAME OF CHILD Still Birth Gunderson

3. Sex: Male

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth 1

6. Premature; Full term

7. Legitimate? yes

8. Date of birth 7-23- 1940 (Month, Day, Year)

9. Full name of FATHER	18. Full maiden name of MOTHER
Edward Sasper Gunderson	Mary Serena Day
10. Residence (usual place of abode) (If non-resident, give place and State) Menan, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race W | 12. Age at last birthday 52 (years)	20. Color or race W | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Menan, Idaho	22. Birthplace (city or place) (State or Country) Salt Lake City Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Graduate
16. Date (month and year) last engaged in this work 7-22, 1940	17. Total time (years) spent in this work Life
25. Date (month and year) last engaged in this work 7-19, 1940	26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother. 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 6:58 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Alden Call, M. D.

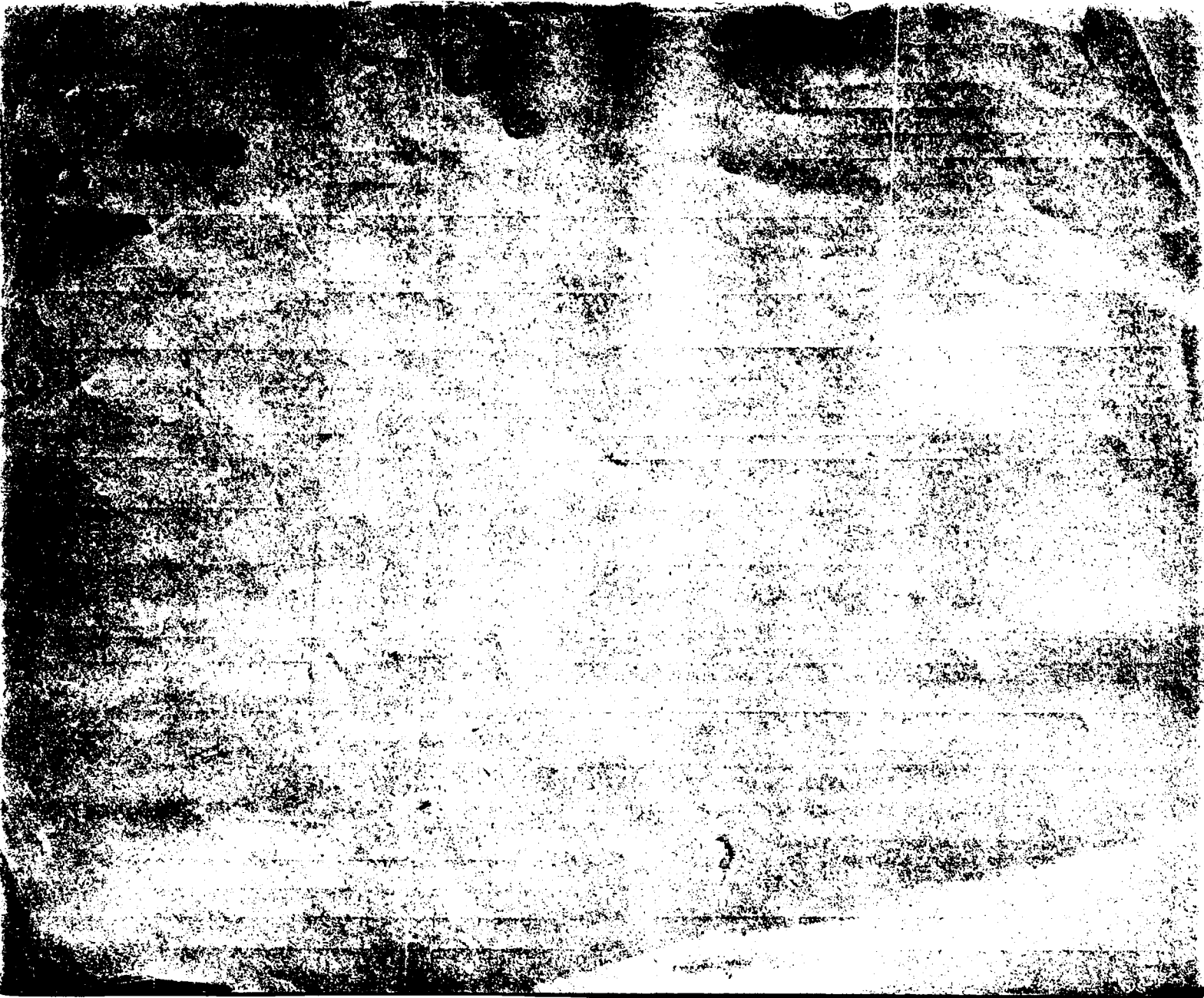
or ____, Midwife

Address Rigby Idaho

Filed Aug. 6, 1940 Dina Bridges, Registrar

Registrar.

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



120317

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120317
Local Reg. No. 129
Reg. Dist. No. 6-10

Filed AUG 12 1940

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital or Institution ....Other place ....
(f) Name Hosp. or Inst. L. D. S. Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Menan
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state)

3. (a) **FULL NAME** Stillborn

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 23 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs 0 min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

Father
12. Name Edward C. Gunderson
13. Birthplace Menan, Ida. (City or town) (State or foreign country)

Mother
14. Maiden name Mary C. Sitzy
15. Birthplace Salt Lake City (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address Edward C Gunderson Menan, Ida.
17. (a) L.D.S. Hospital (Burial, cremation or removal) (b) Date thereof July 24 / 40 (Month) (Day) (Year)
(c) Place: Idaho Falls Idaho
18. Funeral Director's **OWN** Signature and Address —
19. (a) July 24/40 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 23 1940
at ..... o'clock ..... M.

21. I **HEREBY CERTIFY**, That I attended deceased from July 23 1940, to July 23 1940
I last saw him alive on July 23 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
1) Premature
Due to Stillborn
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] M. D. (M. D. or other)
and Address Rigby Ida. Date 9/23 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS-OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

RECEIVED
AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 610 State File No. 297815

Prim. Registration District No. ____ Local Registrar's No. 572

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Memorial Drive St.
685 Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD (Stillbirth) Wilson

3. Sex Boy | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1 | 6. Premature X Full term ____ | 7. Legitimate? yes | 8. Date of birth 7-25, 1940 (Month, Day, Year)

FATHER

9. Full name Jack Bonnie Wilson
10. Residence (usual place of abode) (If non-resident, give place and State) Aberdeen, Idaho
11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Tigler, Oklahoma

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plaster
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. (Contractor - self)
16. Date (month and year) last engaged in this work 7-23, 1940 | 17. Total time (years) spent in this work 6 yrs.

MOTHER

18. Full maiden name Matilda Schritter
19. Residence (usual place of abode) (If non-resident, give place and State) Aberdeen Idaho
20. Color or race W | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) Bismark, No. Dakota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work 7-22-, 1940 | 26. Total time (years) spent in this work 8 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation 8 mos. (months or weeks) | 30. Cause of stillbirth ____ Before labor X During labor ____

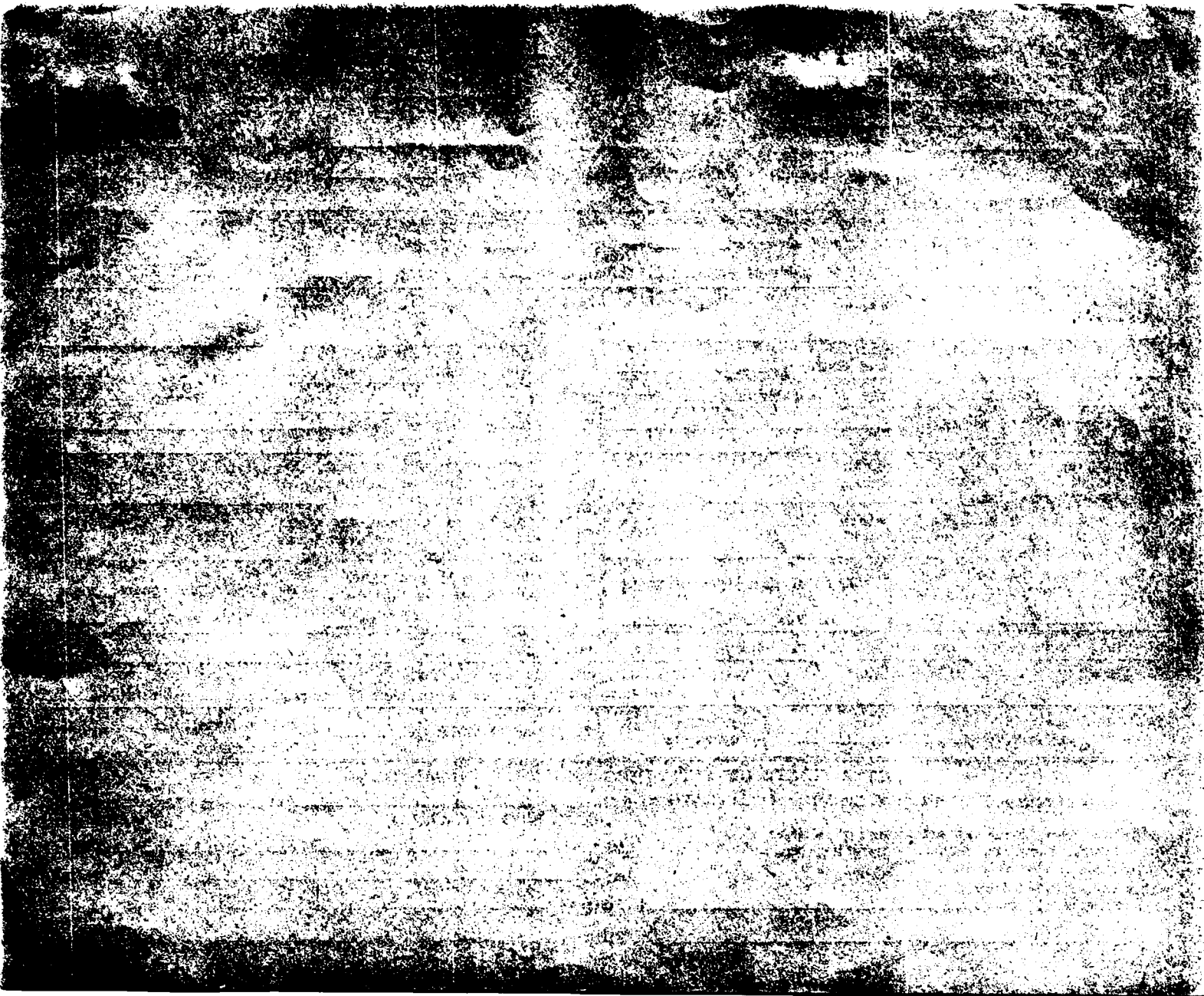
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 3 52 A. m. on the date above stated.

(Signed) [illegible], M. D.
or ____, Midwife
Address ____
Filed Aug. 6, 1940 Anna Bridges
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of) ____
Registrar.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. If more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

RECEIVED
AUG 12 1940

State File No. 120318
Local Reg. No. 140
Reg. Dist. No. 6 10

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home (Hospital) Institution Other place ....
(f) Name Hosp. or Inst. L. D. S. Hospital Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Aberdeen
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** (Still birth) Wilson

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male race W 5. Color or race — 6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) 7-25-40

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs 0 min.

9. Exact Occupation (Still Birth) Infant Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Jack Bonnie Wilson
13. Birthplace Stigler, Oklahoma (City or town) (State or foreign country)

Mother
14. Maiden name Matilda Schreiber
15. Birthplace Bismark, No. Dakota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jack B Wilson
and Address Aberdeen - Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1940 (Month) (Day) (Year)
(c) Place: Idaho Falls Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address .....
19. (a) July 24 1940 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25(?) 1940 19.....
at 3:52 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 3:30 a.m. 7-25 1940, to 4 a.m. 7-25 1940
I last saw h..... alive on Still born 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Still birth	
Due to Immature Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. Robbins Cullen (M. D. or other)
and Address Idaho Falls Ida. Date July 24 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (TCA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

RECEIVED AUG -6 1940

Registration District No. 100 State File No. 897816

Prim. Registration District No. 2-6 Local Registrar's No. 40-64

1. PLACE OF BIRTH
County of Boundary
City of Bonners Ferry
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Linda Kay Everhart

3. Sex F. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth July 24, 1940 (Month, Day, Year)

FATHER

9. Full name Raymond Orrval Everhart
10. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry
11. Color or race Co | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Beaver City, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work July, 1940 | 17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Edna Margaret Chandler
19. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry
20. Color or race Cau | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Bonners Ferry Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work July, 1940 | 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ During labor ____ Before labor Cord thrombosis Premature

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 11:55 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or ____, Midwife
Address Bonners Ferry

Give name added from a supplemental report ____ (Date of)

Filed July 25, 1940 [signature] Registrar.

Registrar.

United States
Department of Commerce
Bureau of the Census

AUG - 6 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120319
Local Reg. No. 24-40
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Linda Kay Everhart

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F race W
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive → years
7. Date of Birth (Month, Day, Year) 7/24/40

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Bonners Ferry (City or town) Idaho (State or foreign country)

Father
12. Name Ray Everhart
13. Birthplace Beaver City (City or town) Nebr. (State or foreign country)

Mother
14. Maiden name Edna Chandler
15. Birthplace Bonners Ferry (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Raymond Everhart and Address Bonners Ferry, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-1940 (Month) (Day) (Year)
(c) Place Bonners Ferry Idaho
18. Funeral Director's **OWN** Signature Raymond Everhart and Address Bonners Ferry, Idaho
19. (a) July 24-1940 (Date received and filed) (b) Registrar Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24 1940 at 11:55 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on Stillborn 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillborn
Compression of Cord
Due to Thrombosis of Cord
Trauma
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature G. M. Bonner M.D. (M. D. or other)
and Address Bonners Ferry Date 7-25 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*
Where was disease first contracted? *Public place*	
Name of operation *Exp. Craniotomy* Date *11-12-45*	
Major finding *Middle meningeal hemorrhage*	
Finding of autopsy *Cerebral hemorrhage*	
multiple skeletal fractures	
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide	
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*	
Place of Violence: Home Farm Industry	
Public Place *yes* While at work? *yes*	
Means of injury *auto-truck collision*	

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*
Where was disease first contracted? *Idaho*	
Name of operation *Gastroenterostomy* Date *11-12-45*	
Major finding *Cancer of pylorus of stomach*	
Finding of autopsy *Lobar pneumonia;*	
generalized carcinomatosis	
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?	
Occurred 19 City, county, state where violence occurred	
Place of Violence: Home Farm Industry	
Public Place While at work?	
Means of injury	

This body embalmed under direction of ..... Lic. No. ..... at ..... on .....

ADDITIONAL REMARKS .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

S

RECEIVED
AUG - 2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297817

1. PLACE OF BIRTH
County of Butte
City of Arco
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. 670 State File No. ____
Prim. Registration District No. 2129 Local Registrar's No. 23

2. FULL NAME OF CHILD James N. Thornton

3. Sex Male | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 22, 1940 (Month, Day, Year)

FATHER

9. Full name Thomas Theodore Thornton
10. Residence (usual place of abode) (If non-resident, give place and State) Arco, Idaho
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Salt Lake City

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19__ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Opal Matilda Stacy
19. Residence (usual place of abode) (If non-resident, give place and State) Arco, Idaho
20. Color or race White | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Edgar, Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19__ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ~~Argyrol 1 cc~~

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ~~Yes~~ 2

29. If stillborn, period of gestation Term { months or weeks

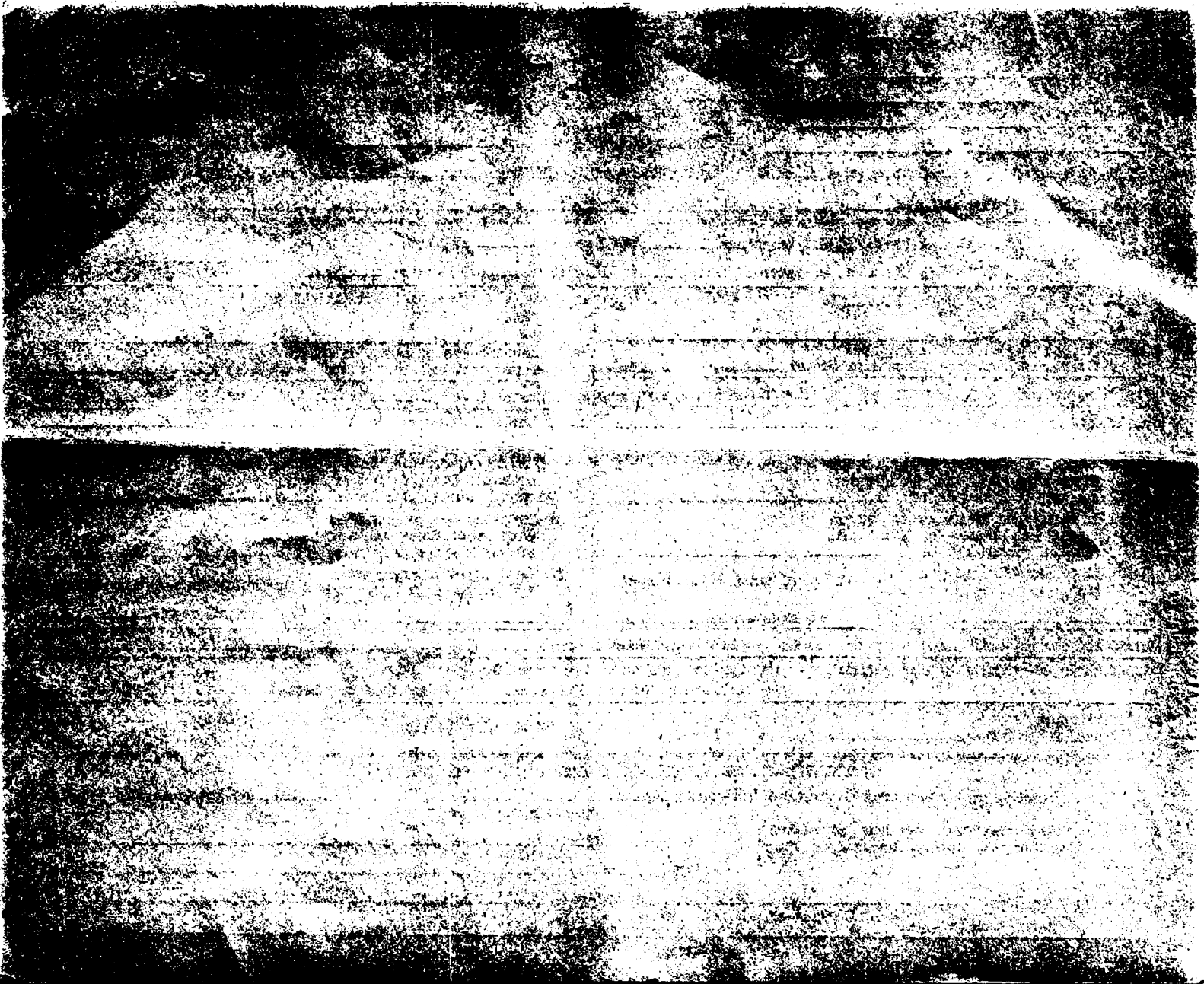
30. Cause of stillbirth Transverse Presentation, Prolapsed Cord { Before labor ____ During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~Born Alive~~ or Stillborn at 5:23 P.m. on the date above stated.

(Signed) L. R. Egbert, M. D.
or ____, Midwife
Address Arco Ida.
Filed July-24, 1940 Mary G Dietrich Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____ (Date of)
____ Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Butte
City of Arco

RECEIVED
AUG -9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 120320

Registration District No. 670
Primary Registration District No. 2129
Local Registrar's No. 16

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James H. Thornton

(a) Residence. (Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22, 1940

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Still Born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arco, Idaho

FATHER

13. NAME Thomas Theodore Thornton

14. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

MOTHER

15. MAIDEN NAME Opal Matilda Stacy

16. BIRTHPLACE (city or town) (State or country) Edgar, Nebraska

17. INFORMANT (Address) Mrs. Thomas Thornton

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Arco Date July 22, 1940

19. UNDERTAKER none
(Address)

20. FILED July 29 1940 Mary G Dietrich
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22 1940

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1940, to July 22, 1940
I last saw her alive on ....., 193..: death is said to have occurred on the date stated above, at 5:2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still-Born.	
Transverse presentation.	
Prolapsed Cord.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. R. Eckel, M. D.
(Address) Arco Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or paricular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

AUG -9 1940

CERTIFICATE OF BIRTH

297818

Registration District No. 363 State File No.

Prim. Registration District No. Local Registrar's No. 307

1. PLACE OF BIRTH
County of Canyon
City of Nampa, Idaho
No. St.
Samaritan Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby was not named Ullrich

3. Sex m | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term 8½ mo. No. | 7. Legitimate? yes | 8. Date of birth May 8, 1940 (Month, Day, Year)

FATHER

9. Full name William Peter Ullrich
10. Residence (usual place of abode) (If non-resident, give place and State) Wilder, Idaho
11. Color or race W | 12. Age at last birthday (years)
13. Birthplace (city or place) (State or Country) Nampa, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work May, 1940 | 17. Total time (years) spent in this work 2 yr

MOTHER

18. Full maiden name Marian Olive Wilkins
19. Residence (usual place of abode) (If non-resident, give place and State) Wilder, Idaho
20. Color or race W | 21. Age at last birthday (years)
22. Birthplace (city or place) (State or Country) Star, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work May, 1940 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 8½ mo. { months or weeks

30. Cause of Stillbirth Unknown { Before labor X ? During labor X ?
*(over)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. P. Ullrich, M. D.
or , Midwife
Address Nampa Ida.

Give name added from a supplemental report
(Date of)

Filed Aug 8 1940 Lydia Rodgers
Registrar.

Registrar.

[redacted] examination
[redacted] no pain or [redacted] Patient believed
[redacted] two days before admission. The fetus
[redacted] appeared to be at least 48 h non-viability

Form 1

United States
Department of Commerce
Bureau of the Census

156 W

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120321
Local Reg. No. 136
Reg. Dist. No. 963

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. ~~AUG - 9 1940~~
(d) Death Occurred Inside? ~~Outside~~? ...city or town
(e) Died in a ~~Home~~ ...Hospital...~~Institution~~ ...~~Other place~~ ...
(f) Name Hosp. or Inst. Samaritan Stayed ~ days
(g) Lived in this county ~ years ~ months ~ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. ~
(e) Deceased lived Inside? ~ Outside? ~ city or town
(f) If foreign born, in U. S. ...yrs. Citizen of U. S.?...
(g) How long had deceased lived in Idaho? ~ years
(h) Former residence (city, state)

3. (a) **FULL NAME** not named Ulrich

3. (b) If veteran, name war ~
3. (c) Social Security No. ~
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ~
6. (c) Age of husband or wife if alive ~ years
7. Date of Birth (Month, Day, Year) 5-8-40

8. AGE	Years	Months	Days	If less than 1 day
	~	~	~	hrs ~ min.

9. Exact Occupation None — Did this work for ...yrs.
10. Industry or Business ... — Date last worked ...
11. Birthplace Nampa (City or town) Idaho (State or foreign country)

Father
12. Name Willard Ulrich
13. Birthplace ... (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Wilhelmina ...
15. Birthplace ... (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Peter Ulrich
and Address x Homedale Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-40 (Month) (Day) (Year)
(c) Place Nampa Idaho
18. Funeral Director's **OWN** Signature L. R. Robinson
and Address Nampa Idaho
19. (a) Aug 7-1940 (Date received and filed) (b) Lydia Rodgers (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-8 1940
at ...o'clock ...M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-26-40 (Did not) 1940, to ...19...
I ~~last~~ saw him alive on ...19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to	
Due to Cause undetermined	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ...19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature W. D. Rose M.D. (M. D. or other)
and Address Nampa Idaho Date 7/9 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

x (Homedale)

R.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
AUG - 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 297819

S

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ____ St.
Mercy Hospital
(If born in hospital or institution give name.)

Registration District No. 363 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 284

2. FULL NAME OF CHILD Katherine Odessa Smith

3. Sex F | If plural births: 4. Twin, triplet, or other S; 5. Number, in order of birth 1 | 6. Premature ____ Full. term yes | 7. Legitimate? yes | 8. Date of birth 7-24-40 (Month, Day, Year)

FATHER

9. Full name Odus Kirby Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Ida.
11. Color or race Amer. | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Geary, Okla.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Viola Mae Sage
19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Ida.
20. Color or race Amer. | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Tecumseh, Neb.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10 %
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 10:48 a. m. on the date above stated.

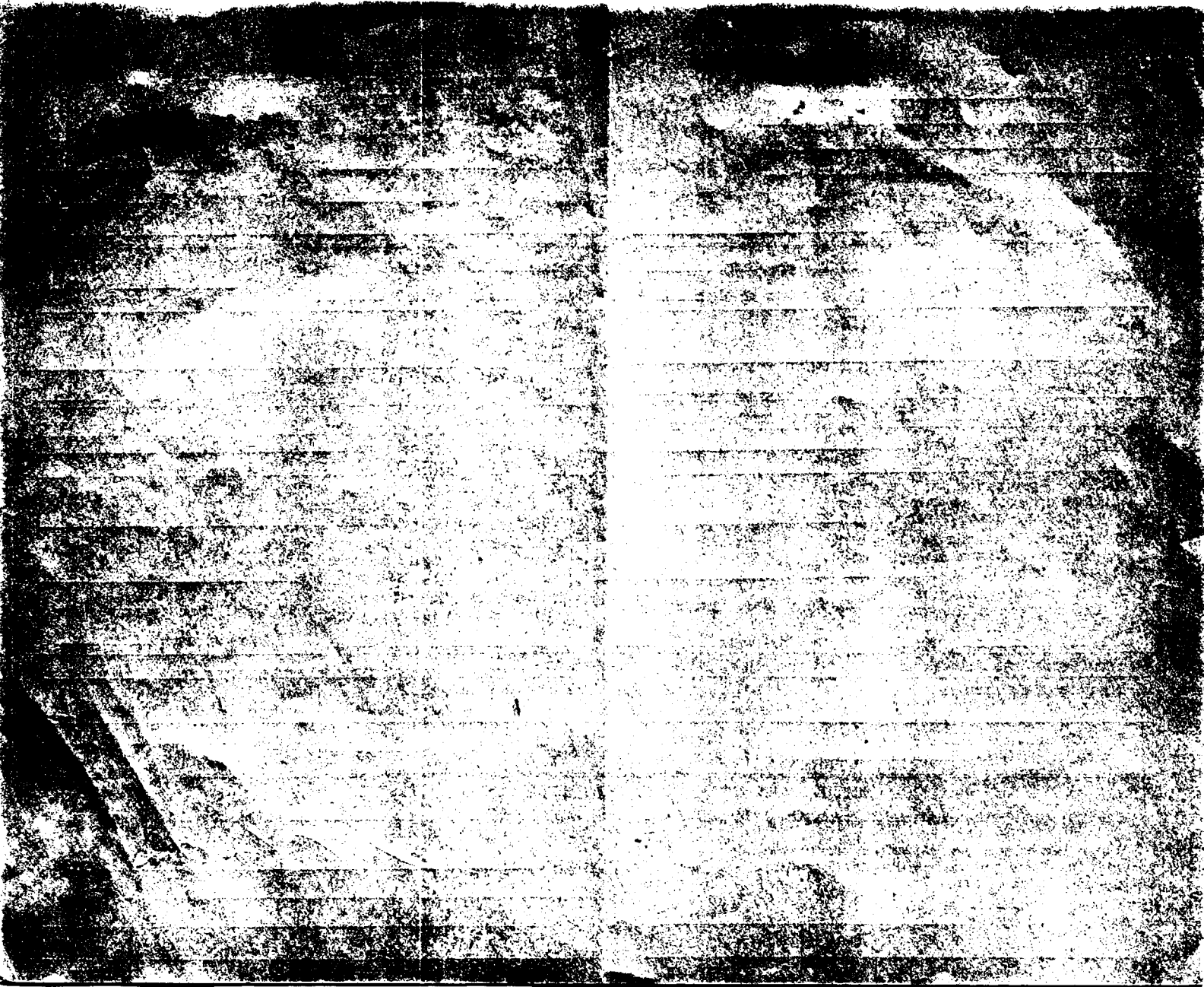
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. C. Horton, M. D.
or ____, Midwife
Address Nampa, Idaho

Give name added from a supplemental report ____ (Date of) ____

Filed Aug. 7 1940 Lyda Rodgers Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120322
Local Reg. No. 136
Reg. Dist. No. 362

RECEIVED AUG 6 1940

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. ←
(d) Death Occurred Inside? ~~Outside?~~ ....city or town
(e) Died in a ~~Home~~ ....Hospital....~~Institution~~ ....Other place ....
(f) Name Hosp. or Inst. Mercy ....Stayed.....days
(g) Lived in this county.... ← years.... ← months.... ← days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. ←
(e) Deceased lived Inside? ....~~Outside?~~ ....city or town
(f) If foreign born, in U. S. ← yrs. Citizen of U. S.? ←
(g) How long had deceased lived in Idaho? ← years
(h) Former residence (city, state) ←

3. (a) **FULL NAME** Not Named (Smith) Katherine Odessa Smith

3. (b) If veteran, name war ←
3. (c) Social Security No. ←
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ←
6 (c) Age of husband or wife if alive ← years
7. Date of Birth (Month, Day, Year) 7-24-40

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	←	←	←		

9. Exact Occupation None — Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Nampa (City or town) Idaho (State or foreign country)

Father
12. Name O K Smith
13. Birthplace Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Sage
15. Birthplace Nebr (City or town) (State or foreign country)

16. Informant's **OWN** Signature O. K. Smith
and Address Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-40 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Idaho
19. (a) Aug 8 1940 (Date received and filed) (b) Linda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-24 1940
at 12:47 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ....19...., to....19....
I last saw h.... alive on....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suffocation	
Accident 1 hr.	
Due to Premature expiration	
of the Placenta	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?....
Name of operation.... Date....
Major finding ....
Finding of autopsy....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?.... Suicide?.... Homicide?....
Occurred....19.... City, county, state where violence occurred....
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Nampa Ida. Date....1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Atlanta
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG -3 1940

CERTIFICATE OF BIRTH

S 297820

Registration District No. 381 State File No. 297820
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Stillbirth (7½ months)

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	X	Yes	7/25/40 (Month, Day, Year)

FATHER	MOTHER
9. Full name Truman C. Farnham	18. Full maiden name Ardith Young
10. Residence (usual place of abode) (If non-resident, give place and State) Atlanta	19. Residence (usual place of abode) (If non-resident, give place and State) Atlanta
11. Color or race white | 12. Age at last birthday 41 (years)	20. Color or race white | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Des Soto, Iowa	22. Birthplace (city or place) (State or Country) Meridian, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forestry	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work 2 years past	17. Total time (years) spent in this work 2 years
25. Date (month and year) last engaged in this work 7/24/40	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? (none - stillbirth)

28. Number of children of this mother (At time of this birth and including this child) two boys (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn 2

29. If stillborn, period of gestation 7½ months or weeks

30. Cause of stillbirth (a) Before labor Uterine apoplexy (b) During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

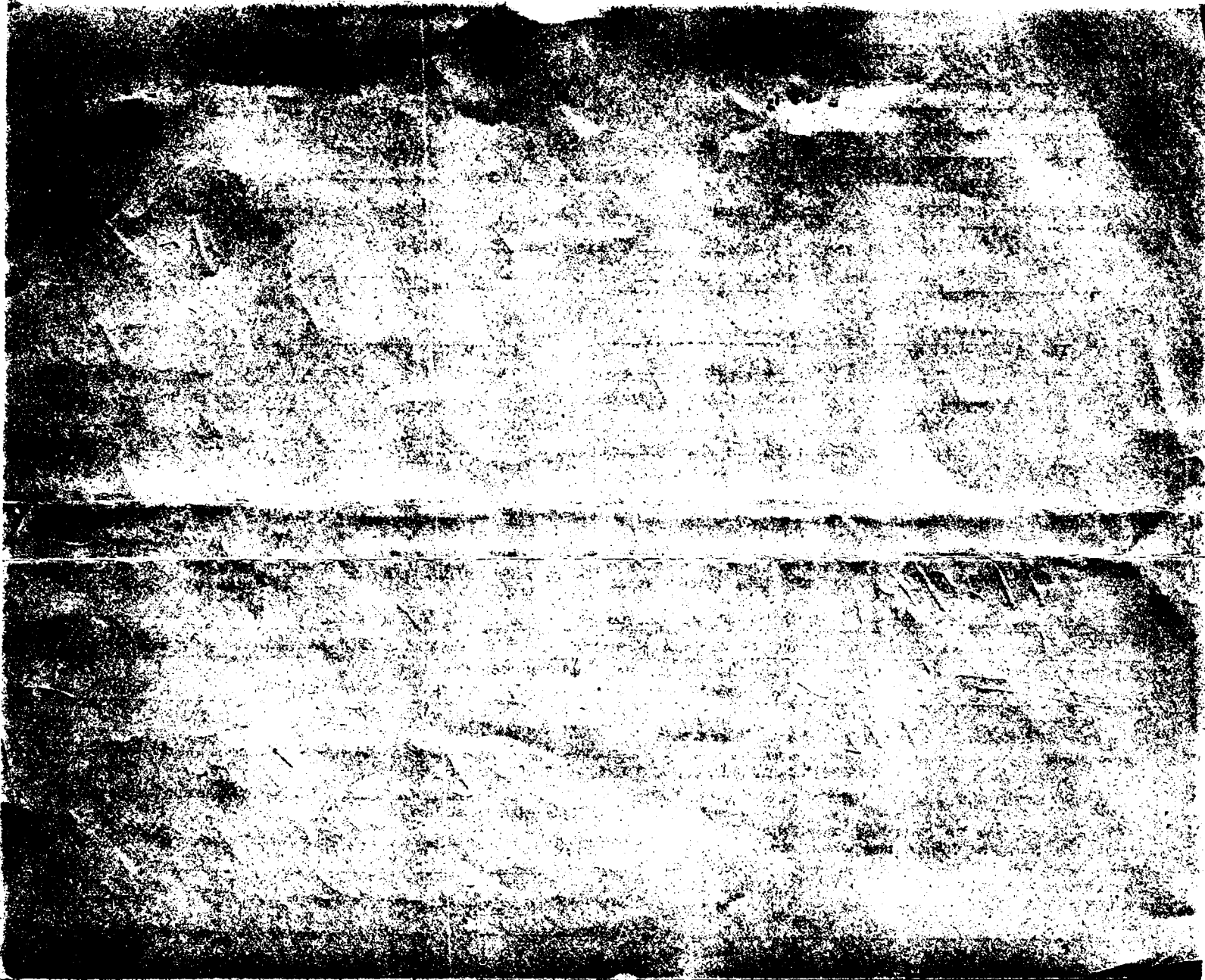
I hereby certify that I attended the birth of this child, who was Stillborn at 10:45 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) James Hellingworth M. D.
or ____ Midwife
Address Atlanta, Idaho

Filed July 27, 1940 Grace Hales Registrar.



PLACE OF DEATH
County of Elmore
City of Atlanta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 120323

AUG -3 1940

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn — (Atlanta, Idaho)

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): (S)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/25/40

7. AGE — Years: 0 | Months: 0 | Days: 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Atlanta
(State or country) Idaho

FATHER

13. NAME Truman C Farnham
14. BIRTHPLACE (city or town) Ola
(State or country) Idaho

MOTHER

15. MAIDEN NAME Orditty Young
16. BIRTHPLACE (city or town) Meridian
(State or country) Idaho

17. INFORMANT Truman C Farnham
(Address) Atlanta, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~,
Place Atlanta, Date July 26, 1940

19. UNDERTAKER None
(Address)

20. FILED July 26, 1940 W. M. Sales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/25/40 193

22 I HEREBY CERTIFY, That I attended deceased from Stillborn, 193..., to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uterine Hemorrhage	
Placenta Previa	
(Stillborn)	

Other **contributory causes** of importance:

Name of operation 0 Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ....., 193.....
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** 0
Manner of injury 0
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? 0 If so, specify .....

(Signed) Fanny Hallingsworth M. D.
(Address) Atlanta, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

General Hospital

(If born in hospital or institution give name.)

AUG -2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 297821

Registration District No. 240 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 14

2. FULL NAME OF CHILD Yenney

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth July 2, 1940 (Month, Day, Year)
Female				

FATHER	MOTHER
9. Full name George Yenney	18. Full maiden name Della Calder
10. Residence (usual place of abode) (If non-resident, give place and State) Grangeville Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Grangeville, Ida.
11. Color or race W. | 12. Age at last birthday 38 (years)	20. Color or race W. | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) Kooskia, (State or Country) Idaho	22. Birthplace (city or place) Kooskia, (State or Country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Present, 19 ..... | 17. Total time (years) spent in this work 12 yrs.	25. Date (month and year) last engaged in this work Present, 19 ..... | 26. Total time (years) spent in this work 18 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo. { months or weeks

30. Cause of stillbirth strangulation of cord { Before labor ..... During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 7:15 P. M. the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

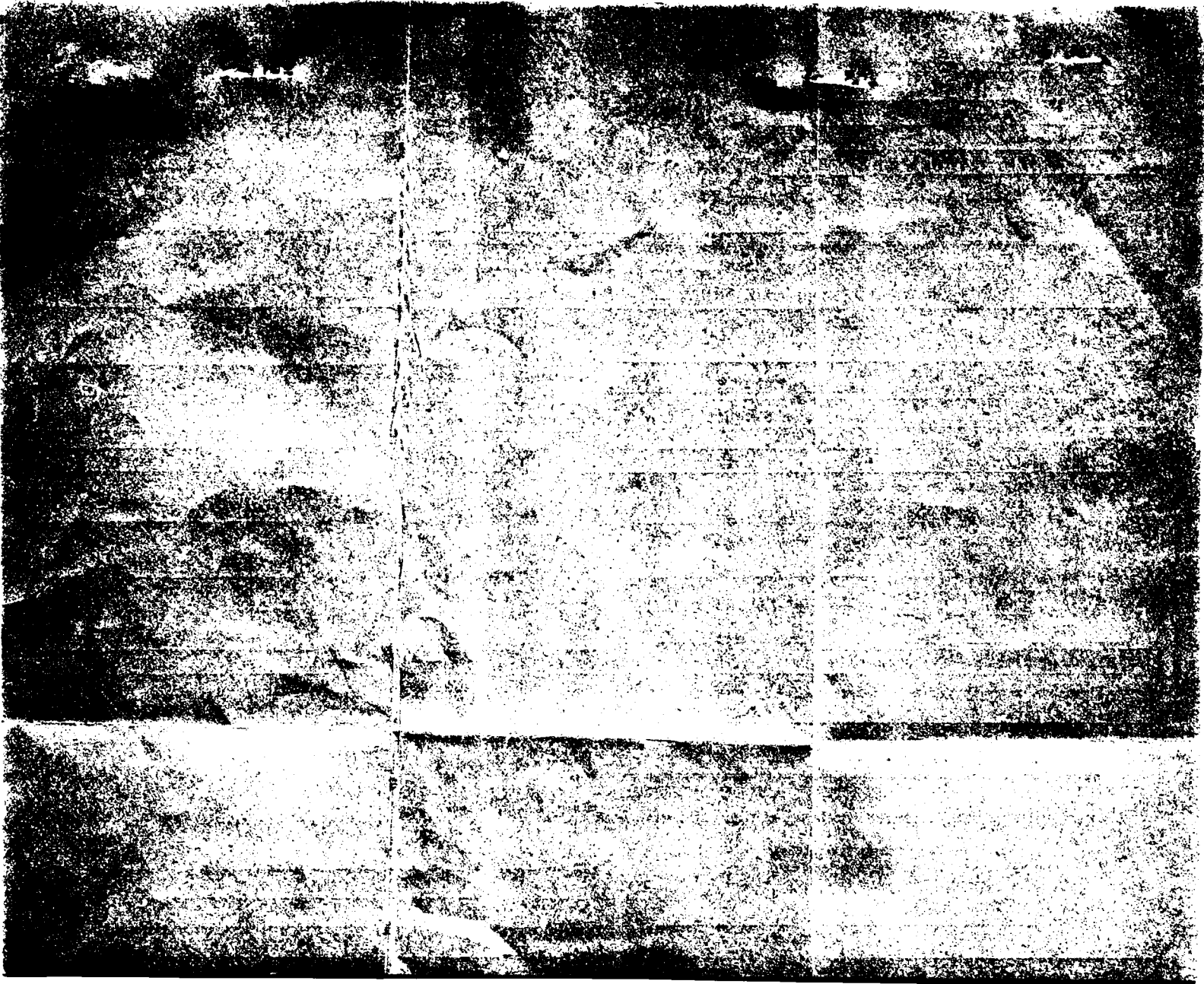
..... Registrar.

(Signed) Carl Seeburger M. D., M. D.

or ....., Midwife

Address .....

Filed 7-30-40, 193.. B Chapman Registrar.



United States
Department of Commerce
Bureau of the Census

AUG -2 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120324
Local Reg. No. 182
Reg. Dist. No. 240

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Georgeville
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. General ; Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Joy Irene Yenney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female race White

5. Color or

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6 (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) July 2. 1940

8. **AGE** Years Months Days If less than 1 day hrs min. Stillborn

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace (City or town) (State or foreign country)

Father
12. Name George Yenney
13. Birthplace (City or town) Kentucky (State or foreign country)

Mother
14. Maiden name Della Golden
15. Birthplace (City or town) Kansas (State or foreign country)

16. Informant's **OWN** Signature Geo. Yenney
and Address Georgeville Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-1940 (Month) (Day) (Year)
(c) Place:

18. Funeral Director's **OWN** Signature Glenn Cole
and Address Georgeville Ida.

19. (a) July 6 40 (Date received and filed) (b) W. S. Chipman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 2 1940
at o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from July 2 1940 to July 2 1940
I last saw him alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prolapse of cord with Duration Few minutes
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? PHYSICIAN
Name of operation Date
Major finding asphyxia pallida
Finding of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D. W. Dewey (M. D. or other)
and Address Grangeville Date July 17 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of [illegible] Lic. No E 252 at [illegible] on [illegible]
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Harpster
No. ____ St. ____
(If born in hospital or institution give name.)

AUG -2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 297822

Registration District No. 240 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 9

2. FULL NAME OF CHILD Lawanna Marie Hunter

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		X	Yes	June 19, 1940

FATHER

9. Full name: Grover Hunter
10. Residence (usual place of abode) Harpster (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Gainsville (State or Country) Texas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Present, 19__
17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name: Adda Graham
19. Residence (usual place of abode) Harpster (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Hanson Ferry (State or Country) Washington

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work Present, 19__
26. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol
28. Number of children of this mother (At time of this birth and including this child) Three
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 2
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth Premature child During labor ✓ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 2:10 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____ (Date of)
____ Registrar.

(Signed) Wesley J. Orr, M. D.
or ____, Midwife
Address Cottonwood, Idaho
Filed 7-30-40, 193__ B Christensen Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120325
Local Reg. No. 4
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Harpster AUG - 2 1940
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? yes Outside? city or town
(e) Died in a Home yes Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 5 born years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Ida.
(c) City or town Harpster Ida.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Lewana Marie Hunter

3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 19 - 40

8. AGE	Years	Months	Days	If less than 1 day: Stillborn hrs min.

9. Exact Occupation Infant — Did this work for — yrs.
10. Industry or Business Infant — Date last worked —
11. Birthplace Harpster (City or town) Ida. (State or foreign country)

Father
12. Name Grover Hunter
13. Birthplace Gainsville (City or town) Texas (State or foreign country)

Mother
14. Maiden name Adda L. Graham
15. Birthplace Agotin Co. (City or town) Wash. (State or foreign country)

16. Informant's **OWN** Signature Grover Hunter and Address Stites, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20-1940 (Month) (Day) (Year)
(c) Place: Harpster, Ida. Cemetery
18. Funeral Director's **OWN** Signature E. G. Gunderson and Address Grangeville, Ida.
19. (a) July 6 40 (Date received and filed) (b) B. Chipman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 19 1940
at about 3 o'clock P. M.

21. I **HEREBY CERTIFY,** That I attended deceased from —, 19— to —, 19—
I last saw h— alive on —, 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Asphyxia - Prolapse of cord	
Due to Mal position	
Due to Neglect - Home Treatment	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wesley F. Orr M.D. (M. D. or other)
and Address Cottonwood Date 6-20 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of Gooding
No. 14th & Main St.
Gooding Co. Hosp. Co.
(If born in hospital or institution give name.)

RECEIVED JUN 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 20 State File No. 297823
Prim. Registration Dist. [redacted] Local Registrar's No. 819

2. FULL NAME OF CHILD Baby Girl Choate (not named)

3. Sex Fem.
If plural births: 4. Twin, triplet, or other 1; 5. Number, in order of birth
6. Premature. Full term. Legiti-mate? yes
8. Date of birth May 16, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Franklin Choate	18. Full maiden name Iris Lucille Lickey
10. Residence (usual place of abode) (If non-resident, give place and State) Gooding, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Gooding, Ida
11. Color or race W. 12. Age at last birthday 32 (years)	20. Color or race W. 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Anderson Missouri	22. Birthplace (city or place) (State or Country) New Plymouth Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Stenographer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. dairy	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Creamery
16. Date (month and year) last engaged in this work May, 1940	17. Total time (years) spent in this work 3
	25. Date (month and year) last engaged in this work Dec., 1939
	26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 months (months or weeks)
30. Cause of Stillbirth Premature { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born (Born Alive or Stillborn) at 6 40 A. m. on the date above stated.

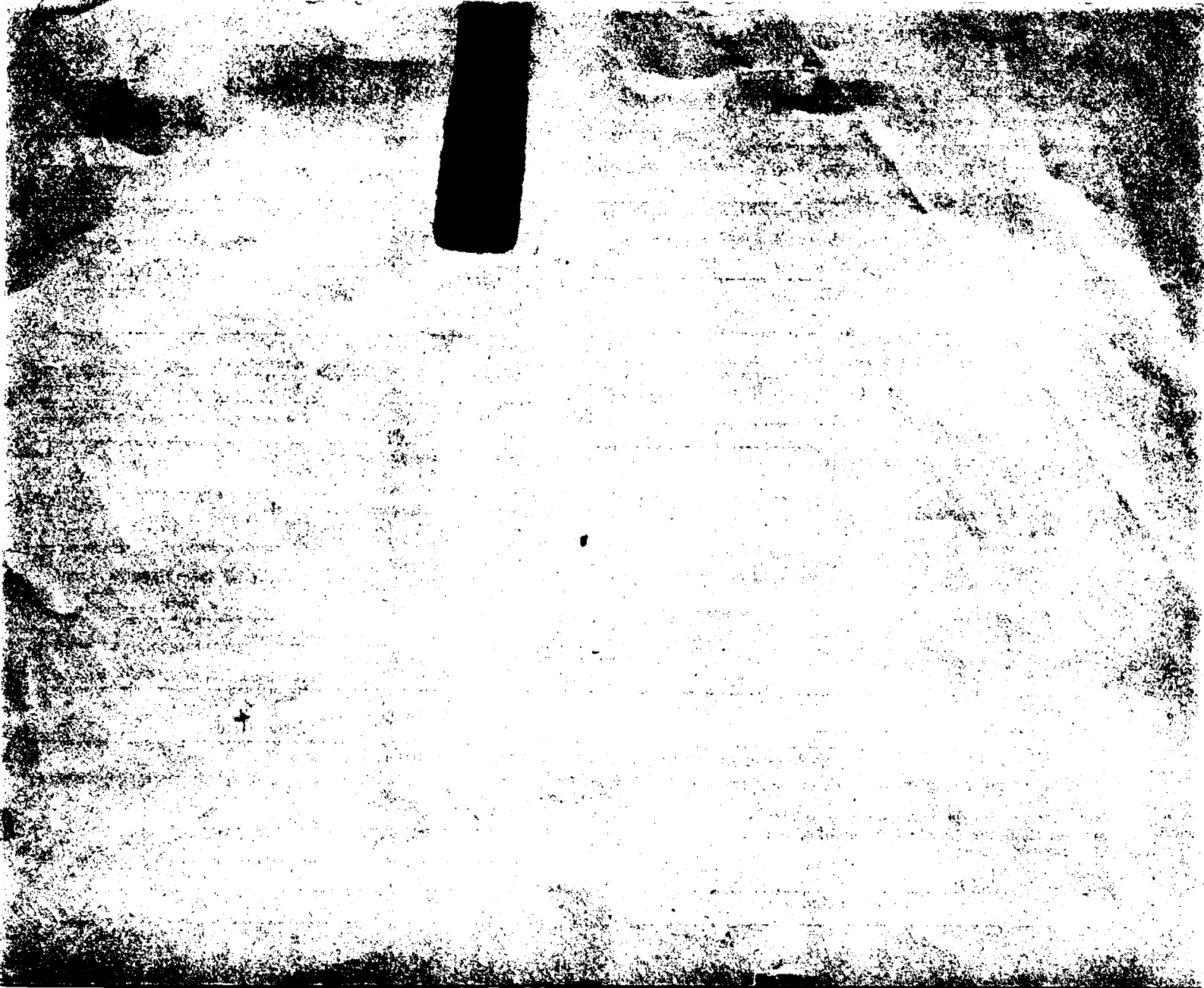
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F E Barnett, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____
(Date of)

Filed 3-21-46 J H Cromwell
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120326
Local Reg. No. 886
Reg. Dist. No. 420

RECEIVED JUN 10 1940

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Gooding Co. Stayed days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State X (b) County X
(c) City or town X
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Choate-Stillborn infant

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 5-16-1940

8. AGE	Years	Months	Days	If less than 1 day: Stillborn hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name James Franklin Choate
13. Birthplace Anderson, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Iris Lucile Choate
15. Birthplace New Plymouth, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Iris Choate and Address Gooding, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-17-1940 (Month) (Day) (Year)
(c) Place: Elmwood Cemetery
18. Funeral Director's **OWN** Signature A. E. Thompson and Address Gooding, Idaho
19. (a) 5-18-40 (Date received and filed) (b) O. H. Cornwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16 1940 at o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Nephritis — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature T. E. Burnett M.D. (M. D. or other)
and Address 5/17 Date 1940
(For additional space, use reverse side)

Gooding Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 440 State File No. 297824

Prim. Registration District No. ____ Local Registrar's No. 52

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Girl Hansen

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth Aug. 1, 1940 (Month, Day, Year)

FATHER

9. Full name: Thurman N. Hansen
10. Residence (usual place of abode) (If non-resident, give place and State): Jerome
11. Color or race: W. | 12. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____
16. Date (month and year) last engaged in this work: Aug, 1940
17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Audrey Elinor Clark
19. Residence (usual place of abode) (If non-resident, give place and State): Jerome
20. Color or race: W | 21. Age at last birthday: 30 (years)
22. Birthplace (city or place) (State or Country): Ida.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
25. Date (month and year) last engaged in this work: Aug 1, 1940
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

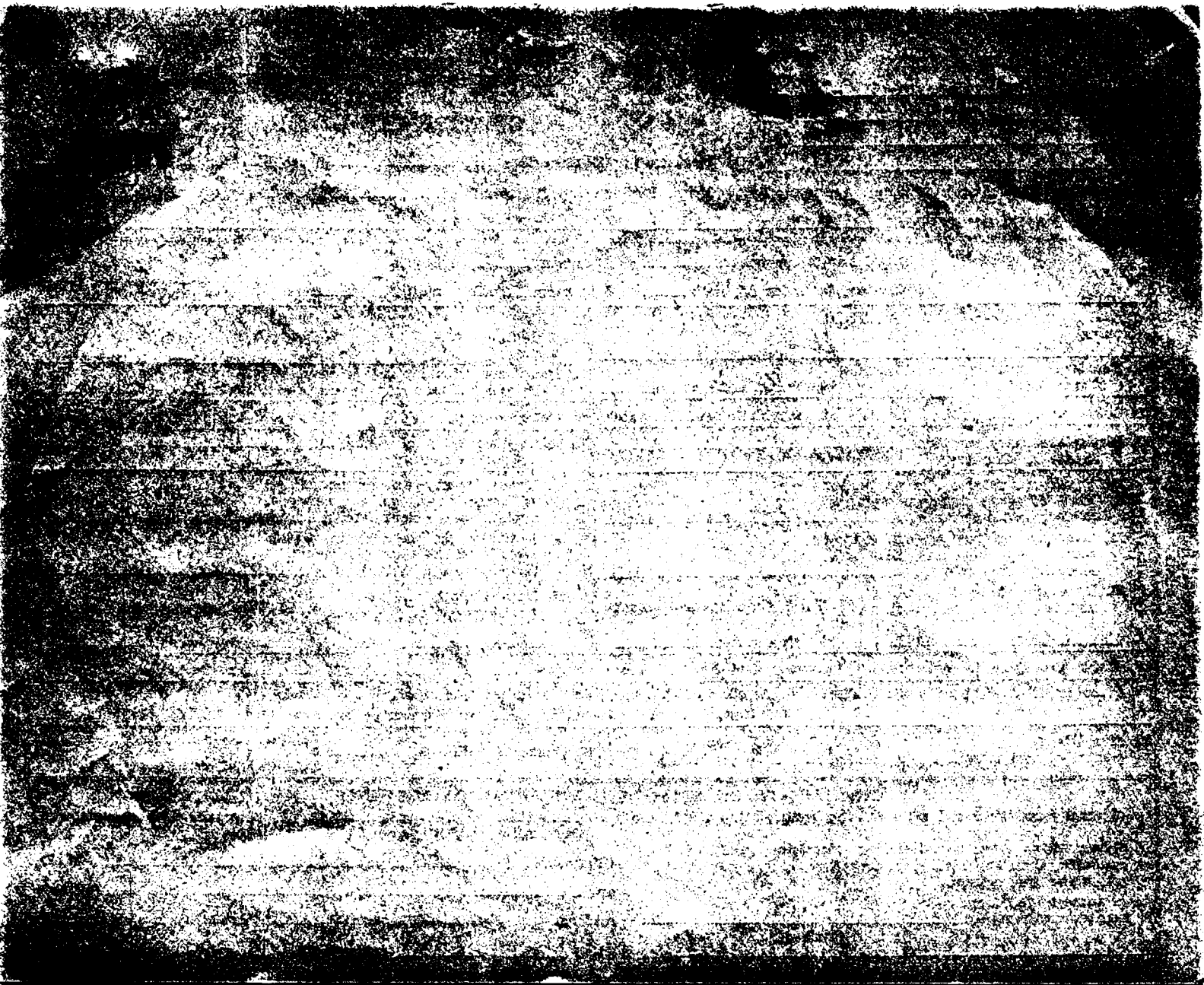
29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Living (Born Alive or Stillborn) at 7 30 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of) ____
Registrar.

(Signed) C. F. Zeller, M. D.
or ____, Midwife
Address Jerome Idaho
Filed 8/12, 1940 C. F. Zeller
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120327
Local Reg. No. 33
Reg. Dist. No. 1940

AUG 12

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ..... Outside? — city or town
(e) Died in a Home — Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ..... Outside? — city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Mary Alice Hansen
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug 1 1940
8. **AGE**

Years	Months	Days	If less than 1 day
—	—		hrs — min.

9. Exact Occupation Infant — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Jerome (City or town) Idaho (State or foreign country)

Father
12. Name Thurman Hansen
13. Birthplace Preston (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Audrey Claar
15. Birthplace Jerome (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature and Address Thurman Hansen Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 1940 (Month) (Day) (Year)
(c) Place: Jerome Cemetery
18. Funeral Director's **OWN** Signature and Address J. R. Wiley Jerome Idaho
19. (a) 8/12/40 (Date received and filed) (b) C. F. Zeller (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 1 1940 at 7 30 o'clock A. M.
21. I **HEREBY CERTIFY**, That I attended deceased from Aug. 1 1940, to Aug. 1 1940
I last saw him alive on Aug. 1 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Breech presentation with delaying of after coming head
asphyxia

Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. F. Zeller (M. D. or other)
and Address Jerome Idaho Date 8/12 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of [illegible] Lic. No. [illegible] at [illegible] on [illegible]
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Nez Perce

City of Lewiston

No. ____ St. St. Joseph's Hospital

(If born in hospital or institution give name.)

RECEIVED AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 220 State File No. 297825

Prim. Registration District No. 92 Local Registrar's No. ____

2. **FULL NAME OF CHILD** Baby Boy Long

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term yes	yes	7/7/, 1940 (Month, Day, Year)

FATHER

9. Full name: Oscar Long

10. Residence (usual place of abode) Lewiston, Idaho (If non-resident, give place and State)

11. Color or race White | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Culdesac, Idaho (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work: at present, 1940

17. Total time (years) spent in this work: 2 yrs

MOTHER

18. Full maiden name: Jessie Arnot

19. Residence (usual place of abode) Lewiston, Idaho (If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Albion, Wash (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home

25. Date (month and year) last engaged in this work: at present, 1940

26. Total time (years) spent in this work: 1½ yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 11:42 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) John E. Carsson, M. D.

or ____, Midwife

Address Lewiston Idaho

Filed August 3, 1940 Patricia Burke Deputy Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120328
Local Reg. No.
Reg. Dist. No. 220

RECEIVED AUG 12 1940

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St Joseph's Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? X
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Donald William Long

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male race White
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 8, 1940
8. **AGE** Years Months Days If less than 1 day hrs min.
9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lewiston, (City or town) Ida (State or foreign country)

Father
12. Name Oscar Long
13. Birthplace Culdesac, (City or town) Ida. (State or foreign country)

Mother
14. Maiden name Jessie Arnett
15. Birthplace Albion (City or town) Wash. (State or foreign country)

16. Informant's **OWN** Signature and Address Lewiston Orchards
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-9-40 (Month) (Day) (Year)
(c) Place: Albion Wash
18. Funeral Director's **OWN** Signature Vassar-Rawls Co Andrew F. Vassar and Address Lewiston, Idaho
19. (a) July 10, 1940 (Date received and filed) (b) Patricia Burke (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 8 1940
at 1 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19..., to 19...
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Child Delivery 3 hrs.
Due to Brain Injury Cond Untold.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John E. Curnow (M. D. or other)
and Address Lewiston Idaho Date July 5 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia, generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Andrew F. Lassar Lic. No. E-315 at Lewiston on 7-3-46
ADDITIONAL REMARKS

WHITE PAPER—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston,
No. St. Joseph's Hospital
(If born in hospital or institution give name.)

RECEIVED
AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 297826

Registration District No. 220 State File No.
Prim. Registration District No. 96 Local Registrar's No.

2. FULL NAME OF CHILD ---------- LaHatt

3. Sex m ---
If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...
6. Premature Yes Full term ...
7. Legitimate? Yes.
8. Date of birth July 15, 1940 (Month, Day, Year)

FATHER
9. Full name Florrian LaHatt
10. Residence (usual place of abode) (If non-resident, give place and State) Craigmont, Ida.
11. Color or race W. | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Oregon
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Jewelry Store
16. Date (month and year) last engaged in this work July 18 40, 19
17. Total time (years) spent in this work 9 Yrs.

MOTHER
18. Full maiden name Rena Berreman
19. Residence (usual place of abode) (If non-resident, give place and State) Craigmont, Ida.
20. Color or race W. | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Idaho
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work To date, 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? -------
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn Yes.
29. If stillborn, period of gestation about 5½ Mos. { months or weeks
30. Cause of Stillbirth Not Known { During labor ... Before labor Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

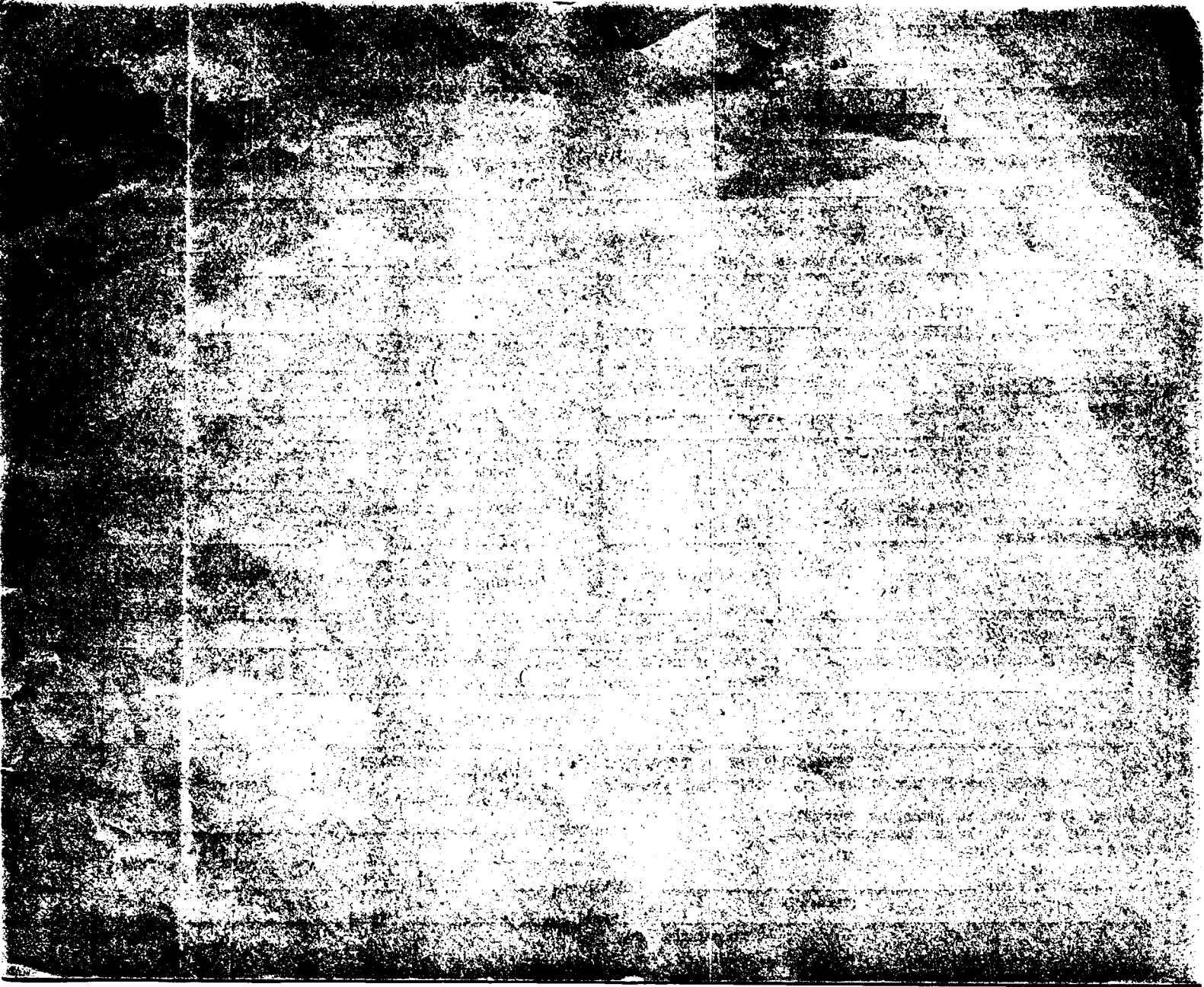
I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 11: P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

(Signed) Paul W. Johnson, M. D.
or ..., Midwife
Address Lewiston, Idaho.
Filed July 22, 1940 Patricia Burke Deputy Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

REGISTERED
AUG 12 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120329
Local Reg. No.
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby LaHatt

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 15, 1940
8. **AGE** Years: still born | Months | Days | If less than 1 day: hrs min.
9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Father
12. Name F. W. LaHatt
13. Birthplace Hood (City or town) Oregon (State or foreign country)

Mother
14. Maiden name Neva Berreman
15. Birthplace Cameron (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature F. W. LaHatt and Address Lapwai Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/40 (Month) (Day) (Year)
(c) Place: Clarkston, Wn
18. Funeral Director's **OWN** Signature C. V. Merchant and Address Clarkston, Wn
19. (a) July 22, 1940 (Date received and filed) (b) Patricia Burke (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 15 1940 at 2 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from July 15 1940, to July 15 1940
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
miscarriage at 5 mos	
stillborn	
Due to unknown	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease first contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Paul W. Johnson (M. D. or other)
and Address Lewiston Date 7-20 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of W. B. Meechant Lic. No. 98 at July 15 1940
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AUG -6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 297827

1. **PLACE OF BIRTH**
County of Power
City of American Falls
No. 501 Pocatello Ave St.
Schiltz Memorial Hospital
(If born in hospital or institution give name.)

Registration District No. 500 State File No.
Prim. Registration District No. 2072 Local Registrar's No. 94

2. **FULL NAME OF CHILD** Baby Wadsworth

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Yes Full term
7. Legitimate? Yes
8. Date of birth 7-6 1940, 193 (Month, Day, Year)

FATHER

9. Full name: Oran Jay Wadsworth
10. Residence (usual place of abode) Aberdeen (If non-resident, give place and State) Idaho
11. Color or race
12. Age at last birthday 26 (years)
13. Birthplace (city or place) Burley (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Common
16. Date (month and year) last engaged in this work: Now, 1940
17. Total time (years) spent in this work: 10 Yrs

MOTHER

18. Full maiden name: Iris Worthington
19. Residence (usual place of abode) Aberdeen (If non-resident, give place and State) Idaho
20. Color or race W
21. Age at last birthday 19 (years)
22. Birthplace (city or place) Paul (State or Country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
25. Date (month and year) last engaged in this work: Now, 1940
26. Total time (years) spent in this work: 8 Mo

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 25 weeks (months or weeks)
30. Cause of Stillbirth: Before labor ✓ ~~During labor~~ Severe nephritis of mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or , Midwife
Address American Falls, Idaho

Give name added from a supplemental report
(Date of)
Registrar.

Filed 7-8-1940, 193 Irene Baling
Registrar.

STATE OF OHIO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120330
Local Reg. No. 19
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Am. Falls.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Schultz Memorial Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State — (b) County —
(c) City or town —
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? — Outside? — city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Baby Wadsworth

3. (b) If veteran, name war
3. (c) Social Security No.
5. Color or race
6. (a) Single, widowed, married, divorced
4. Sex
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 6 - 1940
8. **AGE** Years — Months — Days — If less than 1 day hrs min.
Stillbirth
9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked —
11. Birthplace American Falls (City or town) Idaho (State or foreign country)

Father
12. Name Oran Jay Wadsworth
13. Birthplace Burley (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Iris Worthington
15. Birthplace Paul (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Oran Jay Wadsworth
and Address Aberdeen Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7 - 6 - 1940 (Month) (Day) (Year)
(c) Place Aberdeen Idaho
18. Funeral Director's **OWN** Signature Relatives
and Address Aberdeen Idaho
19. (a) 7-6-40 (Date received and filed) (b) Irene Baling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Stillbirth 7/6 1940
at o'clock M.

21. I **HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Severe nephritis — Duration
Due to of mother,
Due to Premature at 2½ mos.,
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. H. Farrell
and Address Am. Falls Ida (M. D. or other) Date 7-6 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 207823

FILED AUG 6 1940

Registration District No. 142 State File No.

Prim. Registration District No. Local Registrar's No. 113

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. 111 McKinley Ave St.
Wardner Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Rose Marie Carver

3. Sex: Female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term yes
7. Legitimate? yes
8. Date of birth July 2 1940 (Month, Day, Year)

FATHER

9. Full name Harry Marvin Carver
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Ida.
11. Color or race W | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Alberta Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Restaurant
16. Date (month and year) last engaged in this work June, 1940
17. Total time (years) spent in this work 1 year

MOTHER

18. Full maiden name Helen Elizabeth Hendrick
19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Ida.
20. Color or race W | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Kansas Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work June, 1940
26. Total time (years) spent in this work 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 3

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months or weeks
30. Cause of Stillbirth During labor Before labor Premature Labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

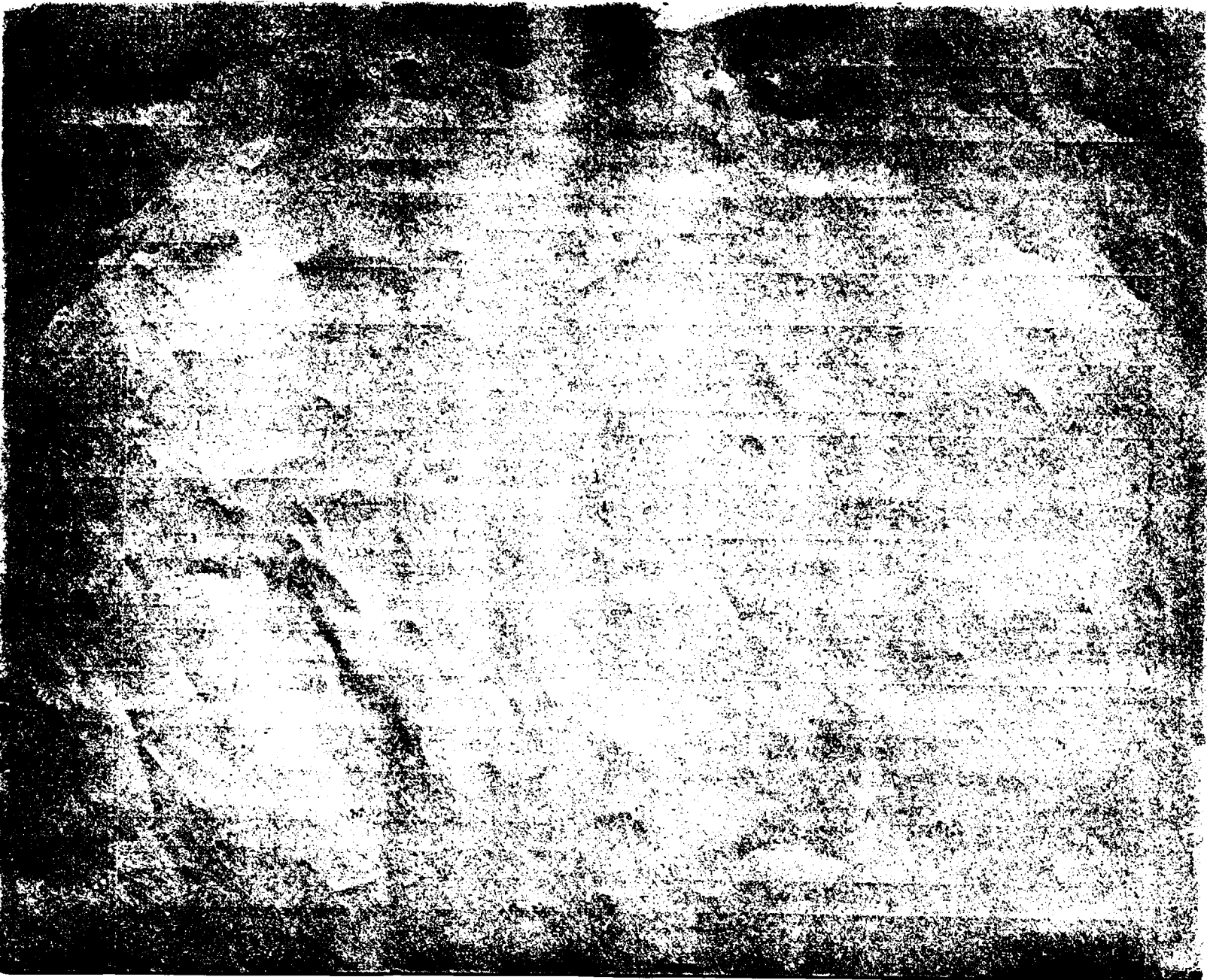
I hereby certify that I attended the birth of this child, who was Stillborn at 11 3/4 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edwin J. Lee, M. D.
or Midwife
Address Kellogg, Idaho

Give name added from a supplemental report
(Date of)
Registrar.

Filed July 31, 1940 Mrs. Helen McBride
Registrar.



120331

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120331
Local Reg. No. 38
Reg. Dist. No. 14-2

RECEIVED AUG -6 1940

1. **PLACE OF DEATH:** Still born
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? yes Outside? ..... city or town
   (e) Died in a ~~Home~~ ....Hospital....~~Institution~~....~~Other place~~....
   (f) Name Hosp. or Inst. Wardner Stayed 0 days
   (g) Lived in this county ~ years ~ months ~ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State ..... (b) County .....
   (c) City or town .....
   (d) Street Address or R. F. D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Girl Carver

3. (b) If veteran, name war ~ 3. (c) Social Security No. ~
5. Color or race White 6. (a) Single, widowed, married, divorced ~
4. Sex Female
6. (b) Name of husband or wife ~ 6 (c) Age of husband or wife if alive ~ years
7. Date of Birth (Month, Day, Year) July 2nd 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation ~ Did this work for ~ yrs.
10. Industry or Business ~ Date last worked ~
11. Birthplace Kellogg (City or town) Idaho (State or foreign country)

Father
12. Name Harry Carver
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Helen Kendricks
15. Birthplace Kuna Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature H. M. Carver and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/40 (Month) (Day) (Year)
(c) Place: Kellogg
18. Funeral Director's **OWN** Signature W. C. Thornhill and Address Kellogg Idaho
19. (a) July 2-40 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 2nd 1940 at 10:37 o'clock A.M.

21. I **HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Pre-mature Labor	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Edwin J. Lee M.D. (M. D. or other)
and Address Kellogg, Idaho Date 7-2 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG -8 1940

297822 S

Registration District No. _____ State File No. _____

Prim. Registration District No. 140 Local Registrar's No. 20

1. PLACE OF BIRTH

County of Shoshone

City of Wallace

No. Canyon Ave St.

(If born in hospital or institution give name) Providence Hospital

2. FULL NAME OF CHILD Baby Girl Thompson (McGee)

3. Sex F

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature 6½ **Full term** mo **7. Legitimate?** No

8. Date of birth July 10, 1940 (Month, Day, Year)

FATHER

9. Full name Jim McGee

10. Residence (usual place of abode) (If non-resident, give place and State) Wallace

11. Color or race W. | 12. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or Country) Wallace Ida.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Frances Crossman

19. Residence (usual place of abode) (If non-resident, give place and State) Wallace

20. Color or race W | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 6½ { months ~~or weeks~~

30. Cause of Stillbirth _____ { ~~During labor~~ Ruptured Cord
Before labor Sacs 7/7/40

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2-10 a. m. on the date above stated.
(Born ~~Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) James R Bean, M. D.

or _____, Midwife

Address Wallace

Filed July 17, 1940 John S Bare
Registrar.

_____
Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120332
Local Reg. No. 2
Reg. Dist. No. 140

AUG -8 1940

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? / Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county 0 years 0 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? ✓
(g) How long had deceased lived in Idaho? - years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Girl (Thompson) McGee.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 10 - 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Wallace (City or town) Idaho. (State or foreign country)

Father
12. Name John McGee
13. Birthplace Wallace (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Frances Brosman
15. Birthplace Georgia (City or town) Ill. (State or foreign country)

16. Informant's **OWN** Signature and Address John McGee
17. (a) Burial (Burial, cremation or removal) (b) Date thereof July 12-1940 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature and Address John A Bova Undertaker Wallace Ida.
19. (a) July 17-1940 (Date received and filed) (b) John A Bova (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July - 8 10 II 19 40
at 7 A o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on Stillborn 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Still born - 6½ mos preg =	
Due to Ruptured Amniotic Sac -	5 da
Due to Prolapsed cord, Shoulder presentation	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature James K Dean (M. D. or other)
and Address Wallace Date 7/17 40
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia, generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Teton
City of Driggs
No. ____ St.
Teton Valley Hospital
(If born in hospital or institution give name.)

RECEIVED
AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 297830

Registration District No. 620 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 23

2. FULL NAME OF CHILD ____

3. Sex Female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 21, 1940 (Month, Day, Year)

FATHER

9. Full name Lawrence Price Griggs
10. Residence (usual place of abode) (If non-resident, give place and State) Driggs Ida
11. Color or race W | 12. Age at last birthday 48 (years)
13. Birthplace (city or place) (State or country) Salt Lake City Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Driggs Public Schools
16. Date (month and year) last engaged in this work July 39, 1940
17. Total time (years) spent in this work 10 yrs

MOTHER

18. Full maiden name Emily Bowcutt
19. Residence (usual place of abode) (If non-resident, give place and State) Driggs, Ida
20. Color or race W | 21. Age at last birthday ____ (years)
22. Birthplace (city or place) (State or country) Spanish Fork Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own
25. Date (month and year) last engaged in this work July 20, 1940
26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 11 (At time of this birth and including this child) (a) Born alive and now living 10 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 months (months or weeks) | 30. Cause of stillbirth ____ Before labor Bad arm twist. During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 8 P. m. on the date above stated.

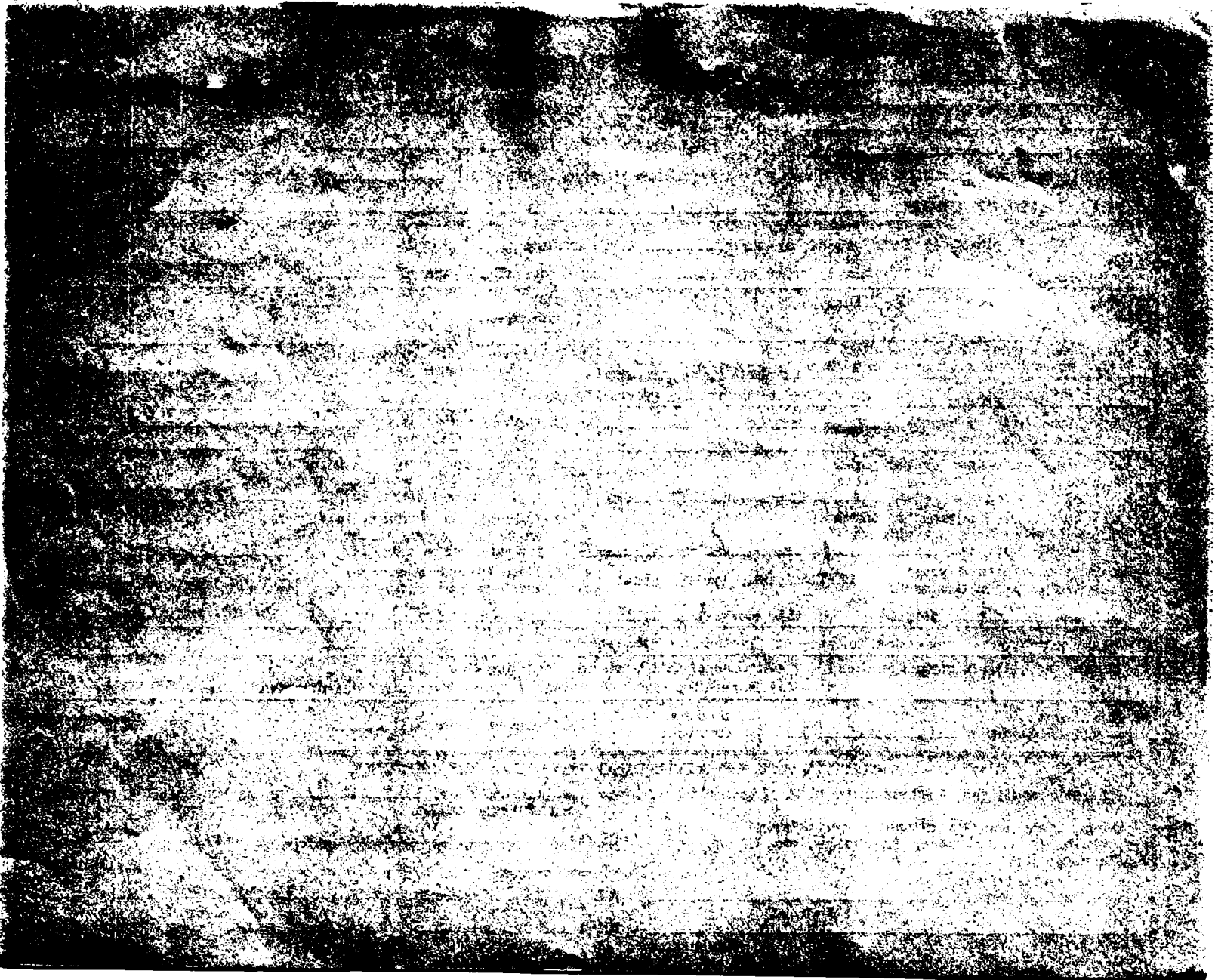
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) O D H Jensen, M. D.
or ____, Midwife
Address Driggs Idaho

Give name added from a supplemental report ____
(Date of)

Filed August 3, 1940 Florence Davidson
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 120333
Local Reg. No. 10
Reg. Dist. No. 620

RECEIVED AUG 12 1940

1. **PLACE OF DEATH:**
(a) County Teton
(b) City or town Driggs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Teton Valley Stayed 0 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Griggs

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 21, 1940
8. **AGE** Years | Months | Days | If less than 1 day hrs min. — Stillborn
9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Driggs (City or town) Idaho (State or foreign country)

Father
12. Name Lawrence Price Griggs
13. Birthplace Salt Lake Co. (City or town) Utah (State or foreign country)

Mother
14. Maiden name Emily Bowcutt
15. Birthplace Springville (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature and Address Lawrence P. Griggs Driggs Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1940 (Month) (Day) (Year)
(c) Place: Driggs
18. Funeral Director's **OWN** Signature and Address R. L. Gordon Driggs Idaho
19. (a) July 22, 1940 (Date received and filed) (b) Florence Davidson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 21 1940
at 8 o'clock P.M.

21. I **HEREBY CERTIFY**, That I attended deceased from July 21 1940, to July 21 1940
I last saw h... alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn — Duration
Due to Emphysema due to fetal crowding
Due to Pelvic presentation
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. D. Hansen, M. D. (M. D. or other)
and Address Driggs Ida Date 7/22 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia*; *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S

297831

Registration District No. 461 State File No.

Prim. Registration District No. Local Registrar's No. 620

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl
No. Buhl Hospital St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Melton Stillborn

3. Sex Female

If plural births { 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature ✓ Full term

7. Legitimate? Yes

8. Date of birth July 17 1940 (Month, Day, Year)

FATHER

9. Full name William Alexander Melton

10. Residence (usual place of abode) (If non-resident, give place and State) Castleford Ida

11. Color or race White 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Monterey, Tenn.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work July 17, 1940

17. Total time (years) spent in this work 15 yrs

MOTHER

18. Full maiden name Margaret Bybb

19. Residence (usual place of abode) (If non-resident, give place and State) Castleford Ida

20. Color or race White 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Idaho Twin Falls County

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work July 16, 1940

26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Stillborn

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 months { months or weeks

30. Cause of stillbirth { Before labor Intra Uterine death Accidental Abruptio placentae During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2.30 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) John W. Wuester, M. D.

or , Midwife

Address Buhl, Idaho

Filed , 1940

Registrar.

United States
Department of Commerce
Bureau of the Census

RECEIVED
AUG 12 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120334
Local Reg. No. 170
Reg. Dist. No. 461

1. **PLACE OF DEATH**
(a) County Twin Falls Ida.
(b) City or town Buhl
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ... Outside? — city or town
(e) Died in a Home ... Hospital or Institution ... Other place ...
(f) Name Hosp. or Inst. Buhl, Hosp. Stayed ... days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? — Outside? — city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? Stillborn years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Baby Melton

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Stillborn
6. (b) Name of husband or wife none
6 (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) July 17, 1940

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	hrs — min.

9. Exact Occupation none — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Buhl Idaho. (City or town) (State or foreign country)

Father
12. Name Alexander Melton
13. Birthplace Monterey Texas. (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Brabb
15. Birthplace Buhl Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alexander Melton and Address Castleford Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/40 (Month) (Day) (Year)
(c) Place Cathey farm E. of Filer 3 So. 3/4 E. of Buhl
18. Funeral Director's **OWN** Signature E. R. Robertson and Address Buhl Idaho
19. (a) 7/18/40 (Date received and filed) (b) — (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/17 1940
at 2 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7/16 1940, to 7/17 1940
I last saw h[illegible] alive on 7/17 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intra Uterine death	18 hours
Due to Cord about neck	18 hours
Due to Asphyxia	18 hours
Other conditions. (Include pregnancy within 3 months of death) Premature	

Where was disease first contracted? —
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature [illegible] M. D. (M. D. or other)
and Address Buhl, Idaho Date 7/17 1940
(For additional space, use reverse side)

Burial made by Alexander Meeton

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of *Not embalmed.* Lic. No *E-310* at — on —
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. V719-227-001 PLACE OF BIRTH
County of Ada
City of
No. 11 Lukes Hosp. St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
AUG 15 1940
CERTIFICATE OF BIRTH S 233[illegible]9
Registration District No. 370 State File No.
Prim. Registration District No. 1 Local Registrar's No. 505

2. FULL NAME OF CHILD Anna Rose Parker

3. Sex F. | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth } | 6. Premature 2 mo. Full term | 7. Legitimate? Yes. | 8. Date of birth April 27, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Raeburn Alexander Parker	18. Full maiden name Rose Heffner
10. Residence (usual place of abode) (If non-resident, give place and State) Ada Co Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida
11. Color or race W. 12. Age at last birthday 41 (years)	20. Color or race W. 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Pierce Neb.	22. Birthplace (city or place) (State or Country) Boise Ida
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ada Packing Co	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work , 19	25. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work 15 yrs.	26. Total time (years) spent in this work 19 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 4 (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation 8 mo. { months or weeks }

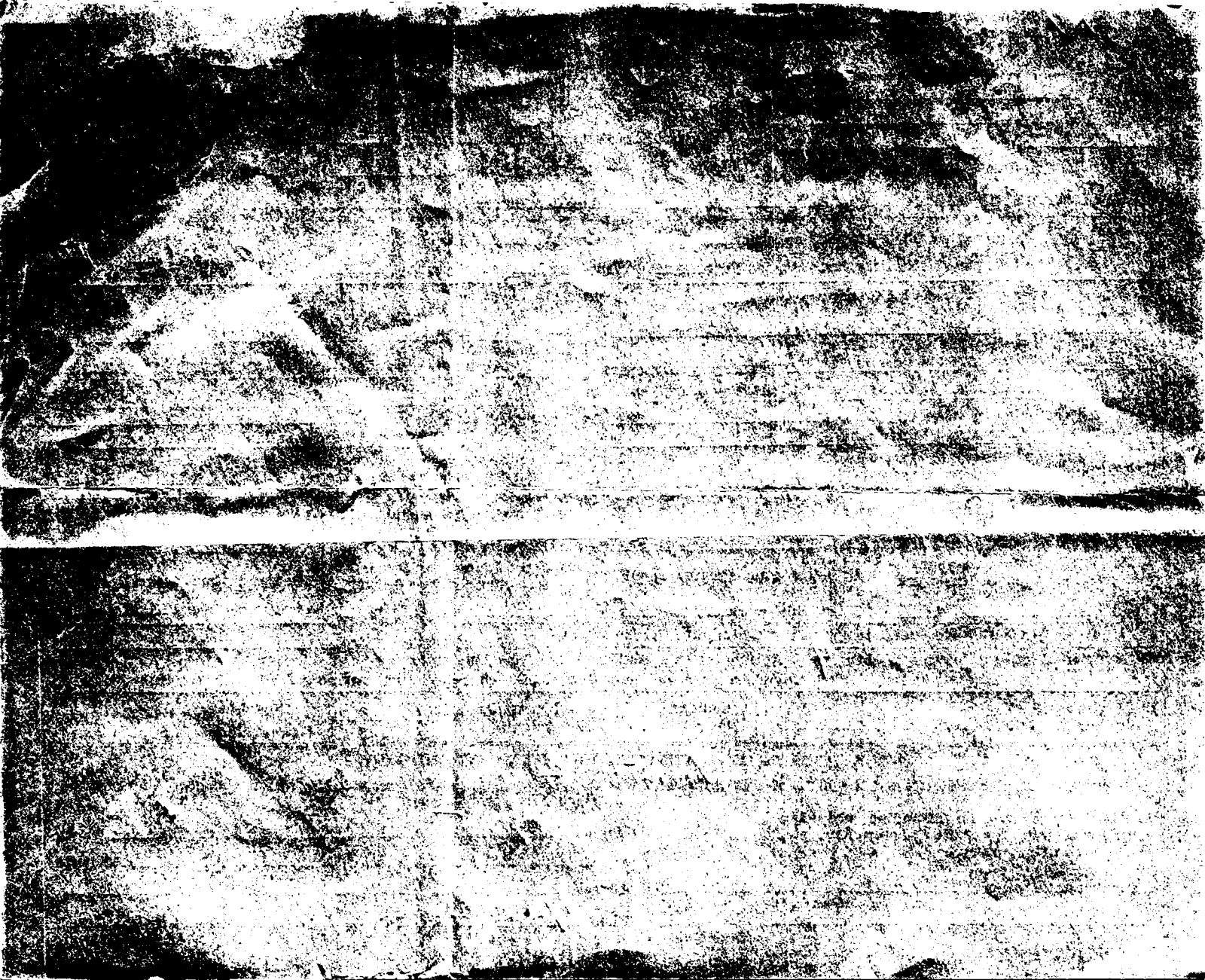
30. Cause of Stillbirth Auto accident { During labor Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 5:50 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

(Signed) Bruce C Budgett, M. D.
or , Midwife
Address
Filed 7-2-40, 193 R. Sharp
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

MAY 11 1940 STATE OF IDAHO

State File No. 12072
Local Reg. No. 142
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. C/O Davis Packing Co.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. St. Lukes Stayed ..... days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. Davis Pack; Co
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Anna Rose Parker

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Apr: 27th 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	0	0		

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise (City or town) Ida (State or foreign country)

Father
12. Name Raeburn A. Parker
13. Birthplace Pierce Neb. (City or town) (State or foreign country)

Mother
14. Maiden name Rose Heffner
15. Birthplace Boise Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature R A Parker and Address C/O Davis Packing Co. Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/40 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schreiber McCann Miller & Driggs and Address Boise
19. (a) 4-30-40 (Date received and filed) (b) R. Starr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4/27 1940 at 5:22 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 4/27 1940, to 4/27 1940
I last saw h[illegible] alive on 4/27 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia Result Severe Fibro Traumatic - Due to Extravasation Hemorrhage — Duration 4m/40

Due to Auto - accident

Other conditions Fractured Rib 6 months ago
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation None Date .....
Major finding - Shock
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? No Homicide? No
Occurred 4/27 1940 City, county, state where violence occurred Emigrant Summit Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Highway While at work? .....
Means of injury Auto Accident

23. Attendant's **OWN** Signature Jesse C. Judkins (M. D. or other)
and Address ..... Date ..... 19.....

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Milford Reagan Lic. No. F318 at Boise on 4/27/40
ADDITIONAL REMARKS

469-122-083-317

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 So. Johnson St.
Pocatello General Hospital
(If born in hospital or institution give name.)

RECEIVED
SEP 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 299510
Prim. Registration District No. 510 Local Registrar's No. 507

2. FULL NAME OF CHILD David Kent Morris

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature 6 Mo. Full term ____ Legitimate? Yes

8. Date of birth August 22, 1940 (Month, Day, Year)

FATHER

9. Full name: Jack D. Morris
10. Residence (usual place of abode) 901 Idaho St. (If non-resident, give place and State) Pocatello, Idaho
11. Color or race W. | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) Rexburg, Idaho (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Desk Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bannock Hotel
16. Date (month and year) last engaged in this work At Present, 1940
17. Total time (years) spent in this work 3 Wks.

MOTHER

18. Full maiden name: Edna Capell
19. Residence (usual place of abode) 901 Idaho St. (If non-resident, give place and State) Pocatello, Idaho
20. Color or race W. | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Robbin, Idaho (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work At Present, 1940
26. Total time (years) spent in this work 7 Months

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20 %

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

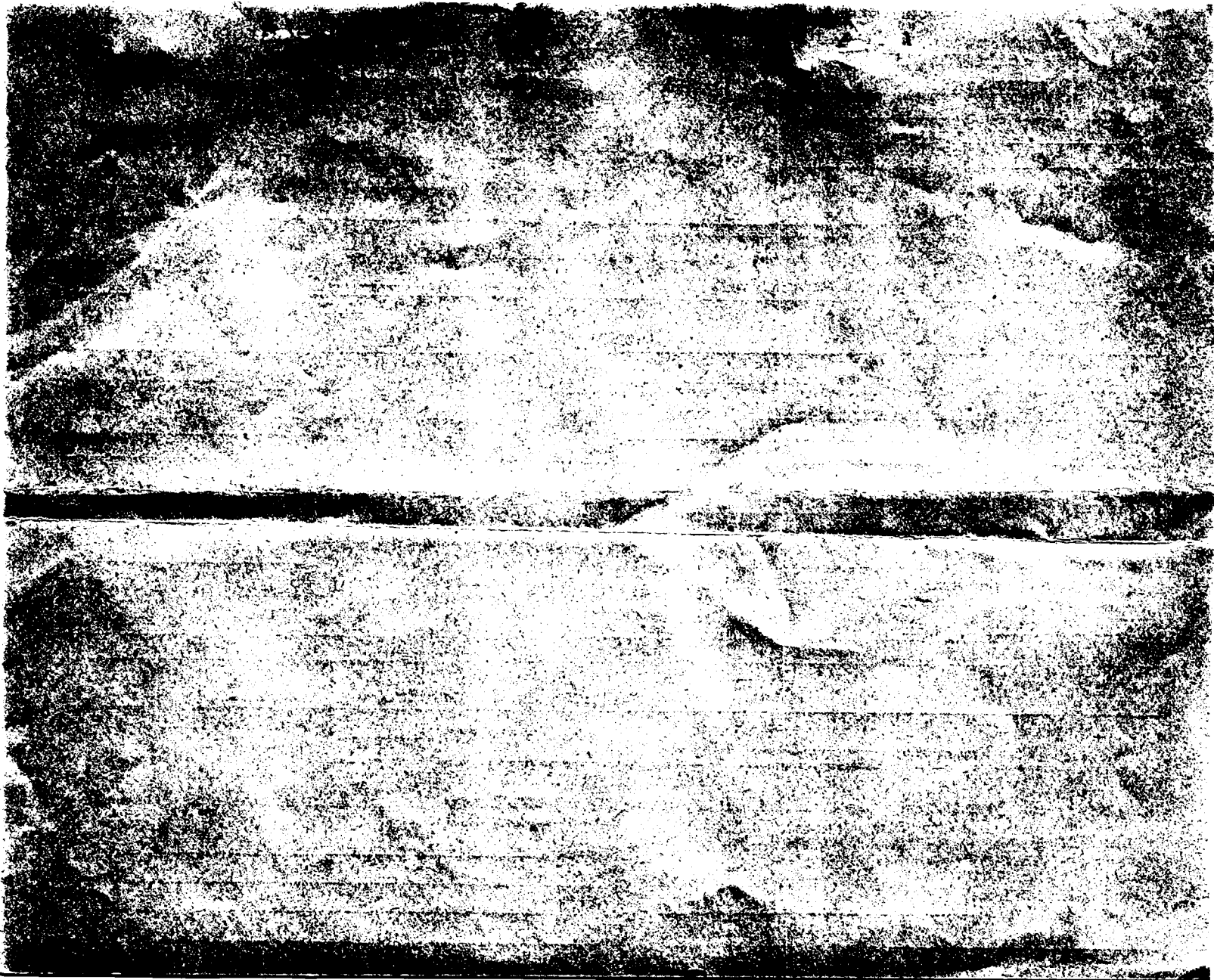
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~Born Alive~~ at 12:00 Noon on the date above stated.
(~~Born Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____ (Date of)

(Signed) [signature], M. D.
or ____, Midwife
Address Pocatello, Ida.
Filed 9-11, 1940 D. C. Ray, Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED
SEP 5 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120728
Local Reg. No. 190
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101 S. Johnson Ave.
(d) Death Occurred Inside? x Outside? ..... city or town
(e) Died in a Home .... Hospital or Institution .... Other place ....
(f) Name Hosp. or Institution General Hospital Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 901 Idaho St.
(e) Deceased lived Inside? x Outside? ..... city or town
(f) If foreign born, in U. S. -- yrs. Citizen of U. S.? --
(g) How long had deceased lived in Idaho? ----- years
(h) Former residence (city, state) none

3. (a) **FULL NAME** DAVID KENT MORRIS (Premature Infant)

3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6 (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) August 22, 1940.

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs ..... min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business Infant Date last worked .....
11. Birthplace Pocatello, (City or town) Idaho. (State or foreign country)

Father
12. Name Jack D. Morris
13. Birthplace Rexburg, (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Edna Capel
15. Birthplace Robin, (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature x Jack D. Morris and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23, 1940. (Month) (Day) (Year)
(c) Place: Pocatello, Idaho.
18. Funeral Director's **OWN** Signature Hall Mortuary by C. N. Hall and Address Pocatello Idaho
19. (a) Aug. 24, 1940. (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 22, 1940.
at ..... o'clock ..... M.

21. I **HEREBY CERTIFY**, That I attended deceased from 8/22 1940., to 8-22 19 40
I last saw ... alive on 8-22 19 40 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Premature 5½ Mos.
Due to Mother & Eclampsia
Due to Nephritis & Mother
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? Home PHYSICIAN
Name of operation ... Date .....
Major finding .....
Finding of autopsy .....
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. Morris
and Address Pocatello, Idaho. (M. D. or Coroner) Date 8/25 19 40.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

666-224-1003-319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of twins, one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1940

CERTIFICATE OF BIRTH

S.O. 79841

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 So. Johnson St.
Pocatello General Hospital
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. 37 Local Registrar's No. 214

2. FULL NAME OF CHILD Susan Penney Wood

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature 8Mo. Full term ____
7. Legitimate? Yes
8. Date of birth August 24, 1940 (Month, Day, Year)

FATHER

9. Full name: Joseph F. Wood
10. Residence (usual place of abode) 312 W. Oak (If non-resident, give place and State) Pocatello, Ida.
11. Color or race W. | 12. Age at last birthday 46 (years)
13. Birthplace (city or place) Vienna, Austria (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Manager
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter Paper Co.
16. Date (month and year) last engaged in this work At Present, 1940
17. Total time (years) spent in this work 30 Yrs.

MOTHER

18. Full maiden name: Faye Carter
19. Residence (usual place of abode) 312 W. Oak (If non-resident, give place and State) Pocatello, Idaho
20. Color or race W. | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Logan, Utah (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work At Present, 1940
26. Total time (years) spent in this work 8 Yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20 %

28. Number of children of this mother (At time of this birth and including this child)
Four
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 8 Months (months or weeks)
30. Cause of stillbirth Knot in Cord--Stopped Circulation. (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

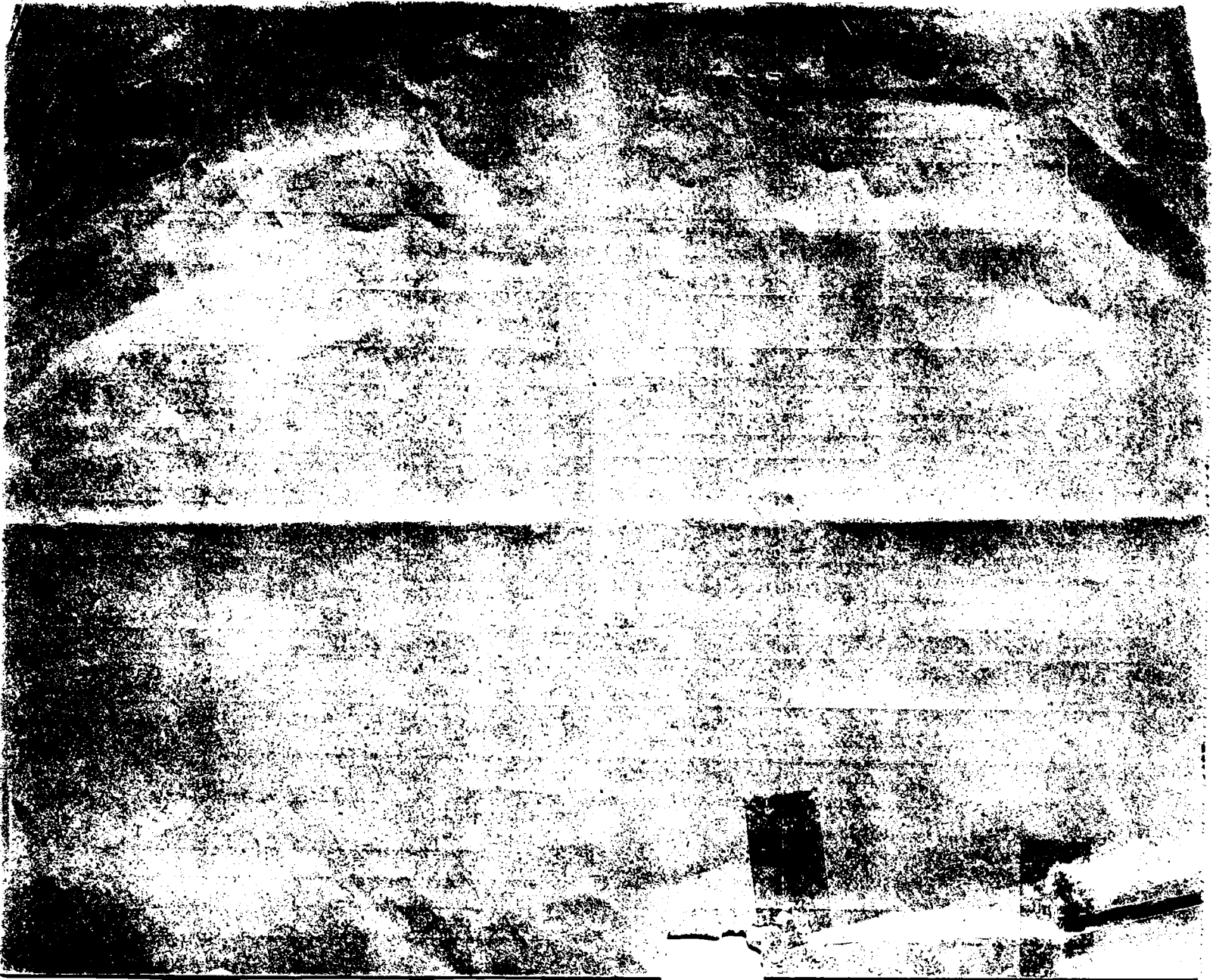
I hereby certify that I attended the birth of this child, who was ~~Born Dead~~ (Born Alive or Stillborn) at 7:23 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from supplemental report ____ (Date of) ____

(Signed) D C Ray, M. D.
or ____, Midwife
Address Pocatello Idaho

Filed 9-1, 1940 D C Ray Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

SEP 5 1940 STATE OF IDAHO

State File No. 120729
Local Reg. No. 191
Reg. Dist. No. 5-1

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101 S. Johnson Ave.
(d) Death Occurred Inside? x Outside? ..... city or town
(e) Died in a Home ..... Hospital x Institution ..... Other place .....
(f) Name Hosp. or Institution General Hospital ..... days
(g) Lived in this county -- years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 312 West Oak St.
(e) Deceased lived Inside? x Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ---- years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Susan Penney Wood

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6 (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) August 24, 1940.

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs ____ min. ____

9. Exact Occupation none — Did this work for ..... yrs.
10. Industry or Business Infant — Date last worked .....
11. Birthplace Pocatello. (City or town) Idaho. (State or foreign country)

Father
12. Name Joseph F. Wood
13. Birthplace Vienna. (City or town) Austria. (State or foreign country)

Mother
14. Maiden name Faye Carter
15. Birthplace Logan. (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature x [signature] and Address Pocatello, Idaho.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1940. (Month) (Day) (Year)
(c) Place: Logan, Utah.
18. Funeral Director's **OWN** Signature Hall Mortuary by C. H. Hall and Address Pocatello, Idaho.
19. (a) Aug. 24, 1940. (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 24, 1940. at 7:26 o'clock a. M.
21. I **HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still born — Duration .....
Due to Knot in umbilical Cord.
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature D C Ray (M. D. or other)
and Address Pocatello, Idaho. Date 8/24/40 19.....

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 655 27 1907 399

County of Bannock

City of Pocatello

No. 650 N. 7th St.

St. Anthony Mercy Hospital

(If born in hospital or institution give name.)

RECEIVED SEP 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 299512

Registration District No. _____ State File No. _____

Prim. Registration District No. 511 Local Registrar's No. 514

2. FULL NAME OF CHILD Marian Fenwick

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	____	Yes	8 27, 1940

FATHER	MOTHER
9. Full name: Arthur Fenwick	18. Full maiden name: Velma Curtis
10. Residence (usual place of abode) (If non-resident, give place and State): Rt. #1 Pocatello	19. Residence (usual place of abode) (If non-resident, give place and State): Rt. #1 Pocatello
11. Color or race: White | 12. Age at last birthday: 33 (years)	20. Color or race: White | 21. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or Country): Bridger, Montana	22. Birthplace (city or place) (State or Country): Downey, Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housework
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: August 21, 1940	25. Date (month and year) last engaged in this work: August 21, 1940
17. Total time (years) spent in this work: 1/2 yr.	26. Total time (years) spent in this work: 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 6:35 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

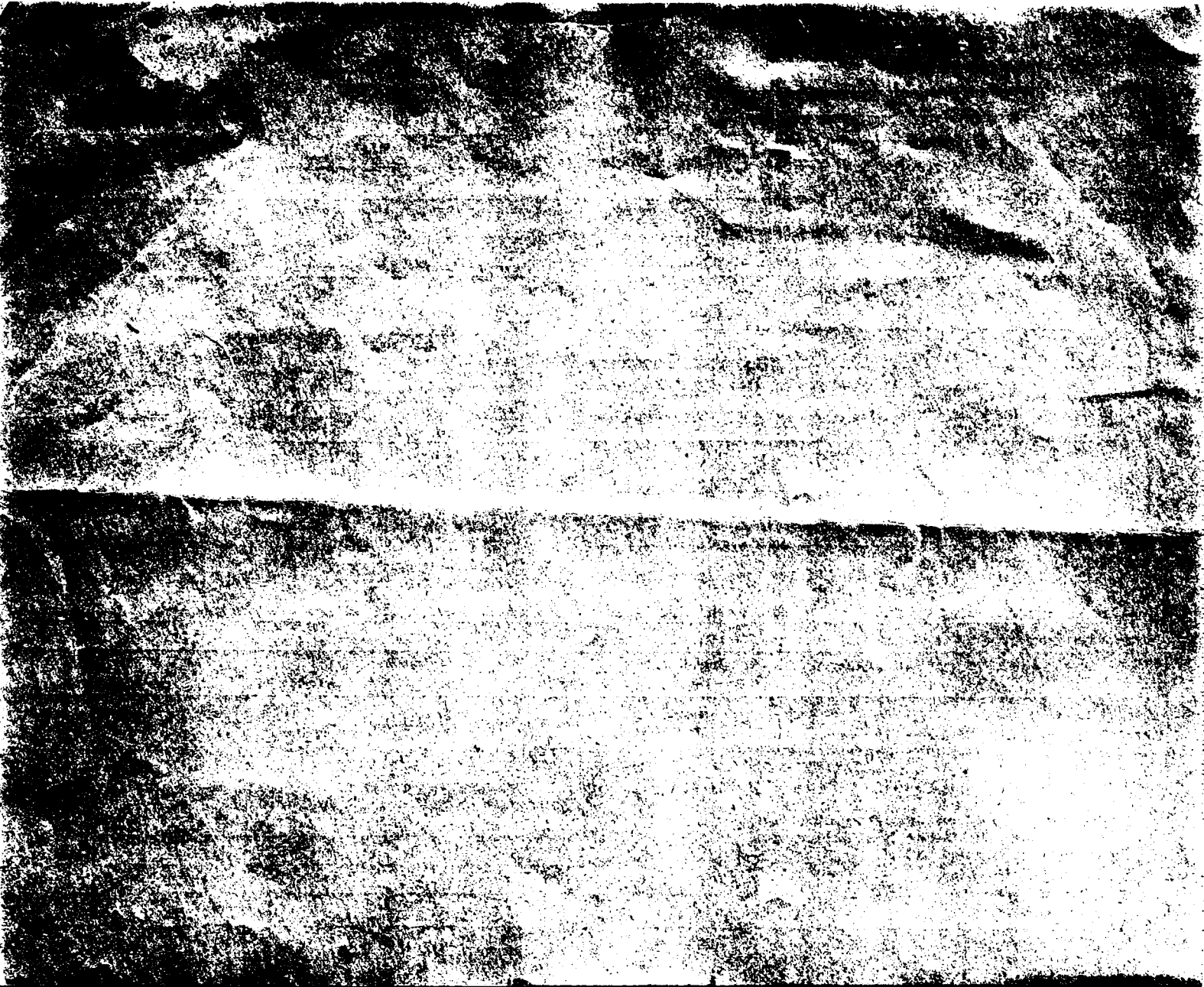
(Signed) W. W. Brothers, M. D.

or ____, Midwife

Address Pocatello Idaho

Filed 8-30, 1940 D C Ray
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 120731
Local Reg. No. 197
Reg. Dist. No. 311

SEP 5 1940

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 650 N. 7th. Ave.
   (d) Death Occurred Inside? X Outside? ....city or town
   (e) Died in a Home ....Hospital X Institution ....Other place ....
   (f) Name Hosp. or Inst. St Anthony Stayed 0 days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello,
   (d) Street Address or R. F. D. No. Route #1, North
   (e) Deceased lived Inside? X Outside? X city or town
   (f) If foreign born, in U. S. ....yrs. Citizen of U. S.? ....
   (g) How long had deceased lived in Idaho? ---- years
   (h) Former residence (city, state) none

3. (a) **FULL NAME** Marian Fenwick

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) August 27, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation None — Did this work for ....yrs.
10. Industry or Business Infant — Date last worked ....
11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)

Father
12. Name Arthur Fenwick
13. Birthplace Bridger Montana (City or town) (State or foreign country)

Mother
14. Maiden name Velma Curtiss
15. Birthplace Downey, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Arthur Fenwick
and Address Downey, Idaho

17. Aug. 30, 1940. (Burial, cremation, or removal) (b) Date thereof Burial (Month) (Day) (Year)
(c) Place: Pocatello, Idaho.

18. Funeral Director's **OWN** Signature Hall Mortuary by C. H. Hall
and Address Pocatello, Idaho.

19. (a) Aug. 30, 1940. (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 27, 1940.
at 6:25 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Aug 27 1940, to Aug 27 1940
I last saw him alive on Aug 27 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Atelectasis — Duration 1 hr.
Due to Pneumonia
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19.... City, county, state where violence occurred
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury

23. Attendant's **OWN** Signature W. W. McCluskey (M. D. or other)
and Address Pocatello, Idaho. Date 8/30/40.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

389-224.010-70

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Memorial Drive St.
(If born in hospital or institution give name.) L.D.S. Hospital

RECEIVED SEP 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 610 State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Stillborn Christensen

3. Sex female | If plural births { 4. Twin, triplet, or other X / 5. Number, in order of birth } | 6. Premature / Full term | 7. Legitimate? Yes | 8. Date of birth Aug 24 1940 (Month, Day, Year)

FATHER

9. Full name Blaine Lewis Christensen
10. Residence (usual place of abode) 265 E 15th (If non-resident, give place and State) Idaho Falls
11. Color or race W. | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Ucon, Idaho (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. truck driver
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Burns Const. Co.
16. Date (month and year) last engaged in this work Aug, 1940
17. Total time (years) spent in this work 2yrs.

MOTHER

18. Full maiden name Ila Naom Goldman
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
20. Color or race W. | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) Pinckneyville, Ill. (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Aug. 1940
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother II (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 1
29. If stillborn, period of gestation 8 months { months or weeks }
30. Cause of stillbirth { Before labor / During labor Yes }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 3:21 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. E. Sleight, M. D.
or Midwife
Address

Give name added from a supplemental report
(Date of)
Registrar.

Filed Sept 4, 1940 Anna Bridges



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

RECEIVED SEP 11 1940

State File No. 120730
Local Reg. No. 162
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ... city or town
(e) Died in a Home ... Hospital or Institution ... Other place ...
(f) Name Hosp. or Inst. I. D. S. Hospital Stayed ... days
(g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ... (b) County ...
(c) City or town ...
(d) Street Address or R. F. D. No. ...
(e) Deceased lived Inside? ... Outside? ... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? ...
(g) How long had deceased lived in Idaho? ... years
(h) Former residence (city, state) ...

Widow

3. (a) **FULL NAME** Infant Christensen

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) August 24, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Stillbirth			hrs min.

9. Exact Occupation — Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Blain Christensen
13. Birthplace Ucon (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Ella Leona Goldman
15. Birthplace Pinkerville (City or town) Illinois (State or foreign country)

16. Informant's **OWN** Signature Blaine Christensen
and Address 263 E. 15th St. Idaho Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 25 40 (Month) (Day) (Year)
(c) Place: Ucon, Idaho
18. Funeral Director's **OWN** Signature Sherman G. Wood
and Address Idaho Falls, Idaho
19. (a) Aug 25, 1940 (Date received and filed) (b) Ella Stahl Dept (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 24, 1940
at ... o'clock ... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ... 19..., to ... 19...
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Stillbirth
Premature delivery 7th mo
Due to Placenta Previa
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature N. E. Leggett (M. D. or Other)
and Address Idaho Falls Date 8/26 1940

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

335-107-014-362

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 8 1940

CERTIFICATE OF BIRTH

Registration District No. 362 State File No. [redacted]

Prim. Registration District No. ____ Local Registrar's No. 33

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ____ St.
Mercy Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD "Stillborn" Clevenger

3. Sex M
If plural births { 4. Twin, triplet, or other S
5. Number, in order of birth 1
6. Premature yes Full term ~~yes~~
7. Legitimate? yes
8. Date of birth 8-7-40 (Month, Day, Year)

FATHER

9. Full name Colon Ruben Clevenger
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa
11. Color or race Amer | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Ada, Okla.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O. F. & Shops
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work 4

MOTHER

18. Full maiden name Dora Marie Coburn
19. Residence (usual place of abode) (If non-resident, give place and State) Nampa
20. Color or race Amer | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Durant Okla

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19__
26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol 10%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7½ months { months or weeks
30. Cause of Stillbirth ? { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 4:10 P.M.

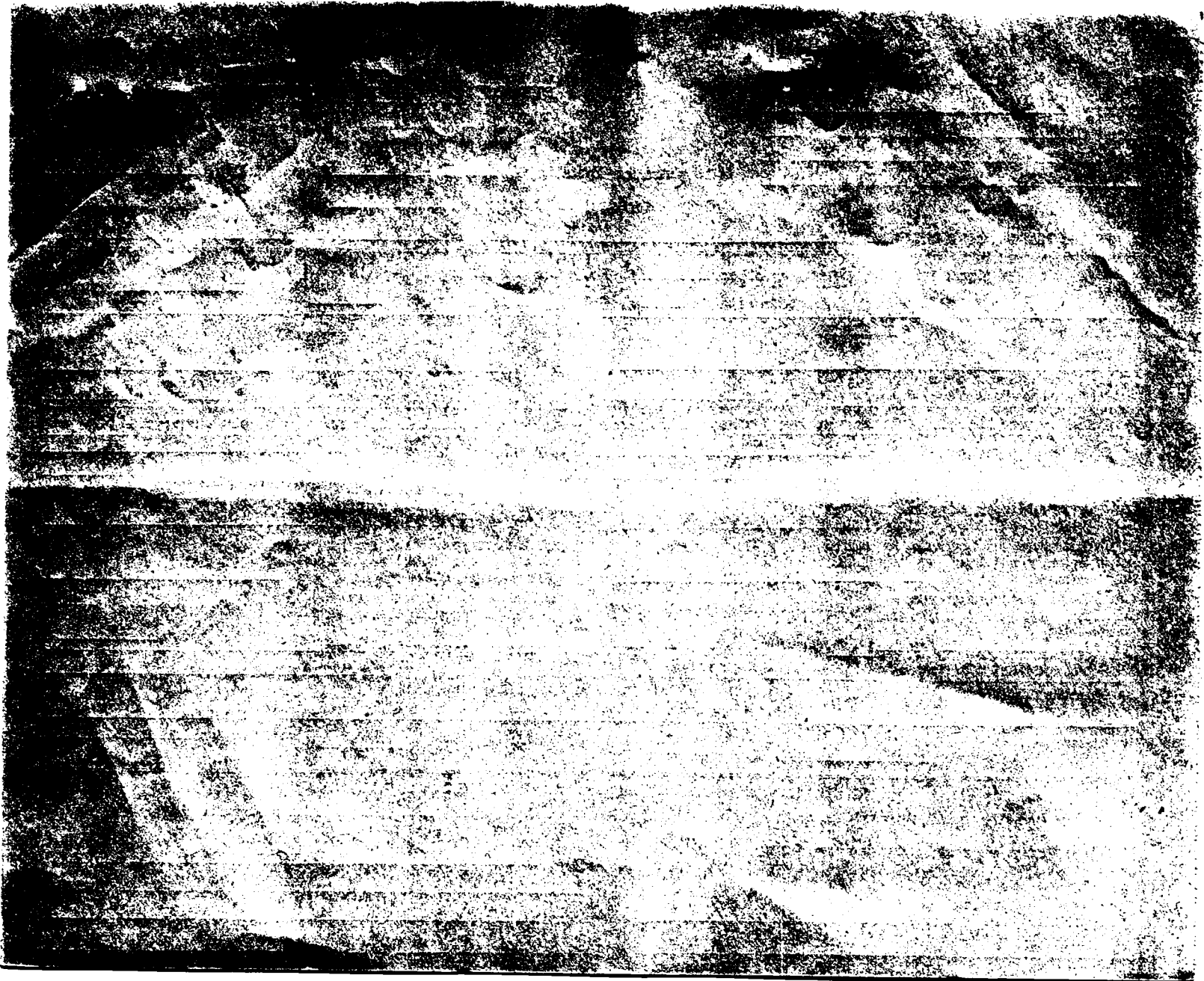
I hereby certify that I attended the birth of this child, who was Stillborn at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or ____, Midwife
Address Nampa, Idaho

Give name added from a supplemental report ____
(Date of)

Filed Sept. 5-1940, 193__ Lyda Rodgers
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120732
Local Reg. No. 738
Reg. Dist. No. 362

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED
SEP 8 1940

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or ~~R. F. D. No.~~ 424 Locust
(d) Death Occurred Inside? X ~~Outside~~? ....city or town
(e) Died in a ~~Home~~ ....Hospital....~~Institution~~ ....Other place ....
(f) Name Hosp. or Inst. Mercy .....Stayed.....days
(g) Lived in this county 4 years ~~—~~ months ~~—~~ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 424 Locust St
(e) Deceased lived Inside? X ~~Outside~~? ....city or town
(f) If foreign born, in U. S. .....yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ~~—~~ years
(h) Former residence (city, state) ~~—~~

3. (a) **FULL NAME** (not named) C Clevenger

3. (b) If veteran, name war ~~—~~ 3. (c) Social Security No. ~~—~~
4. Sex Male race W 5. Color or divorced 6. (a) Single, widowed, married, Single
6. (b) Name of husband or wife..... 6 (c) Age of husband of wife if alive ..... years
7. Date of Birth (Month, Day, Year) aug 7 - 1940

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	~~—~~	~~—~~	~~—~~	

9. Exact Occupation None Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa (City or town) Idaho (State or foreign country)

Father
12. Name C. R. Clevenger
13. Birthplace Okla (City or town) (State or foreign country)

Mother
14. Maiden name Coburn
15. Birthplace Okla (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. R. Clevenger and Address 424 Locust St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-40 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F. K. Robinson and Address Nampa Idaho
19. (a) Sept 9-1940 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) aug 7 1940
at 4 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from .....19....., to.....19.....
I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn Died 2 or 3 days after birth	
Due to Not known	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

23. Attendant's **OWN** Signature ..... (M. D. or other)
and Address Nampa Idaho Date.....19.....
(For additional space, use reverse side)

Dr H

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Fill in... one child at birth a Separate Return must be made for each, and the number of each, in case of twins, triplets, etc.

1. PLACE OF BIRTH
County of Larimer
City of Fort Collins
No. 702 S. Lee
Memorial Park Hosp
(If born in hospital or institution give name.)

STATE OF COLORADO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 11 1940

CERTIFICATE OF BIRTH

S

Registration District No. 340 State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Stillborn.

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
F.		Yes	Yes	Aug. 27, 1940

FATHER	MOTHER
9. Full name: Floyd Merryel Caldwell	18. Full maiden name: Catherine Mae St. Deor.
10. Residence (usual place of abode) (If non-resident, give place and State): 102 Galveston	19. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida
11. Color or race: W	12. Age at last birthday: 24 (years)
20. Color or race: W	21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Fort Collins Colo.	22. Birthplace (city or place) (State or Country): Caldwell, Ida
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Washer.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Troy Laundry	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home,
16. Date (month and year) last engaged in this work: Present, 1940	17. Total time (years) spent in this work: 4 years
25. Date (month and year) last engaged in this work: Present, 1940	26. Total time (years) spent in this work: 4 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 Months. (months or weeks)

30. Cause of Stillbirth ? (During labor / Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5 P.m. on the date above stated.
(Born Alive or Stillborn)

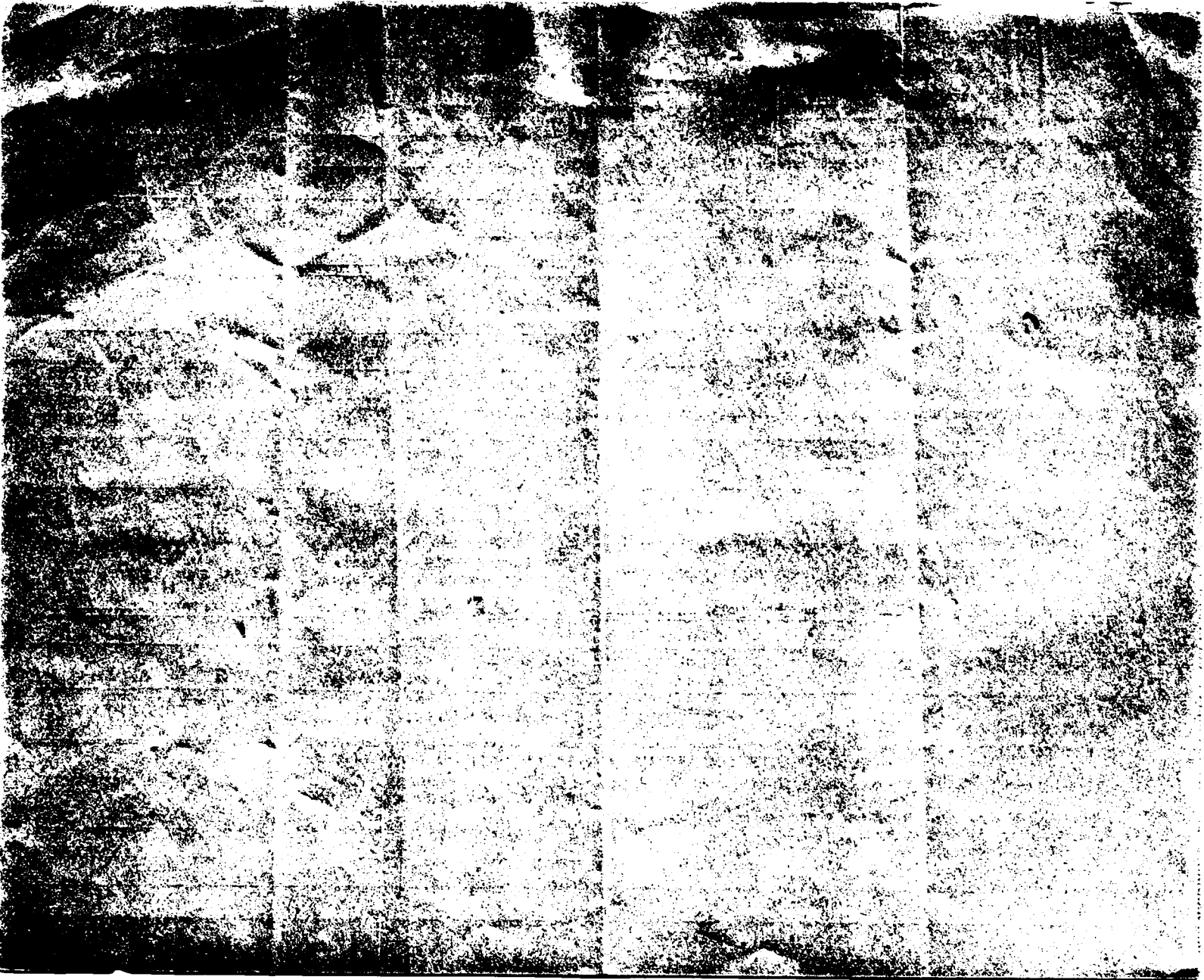
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Hugh J. McLaughlin M. D.
or , Midwife
Address Caldwell Ida

Give name added from a supplemental report
(Date of)

Filed 9-10-40, 193 Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

RECEIVED SEP 11 1940

State File No. 120733
Local Reg. No. 0733
Reg. Dist. No. 960

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Memorial Park days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Floydean Caldwell

3. (b) If veteran, name war
3. (c) Social Security No.
5. Color or race W
5. (a) Single, widowed, married, divorced
4. Sex F
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug 27-1940

8. AGE	Years	Months	Days	If less than 1 day
	-	-	-	Stillborn hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)

Father
12. Name Floyd M. Caldwell
13. Birthplace Ft Collins (City or town) Colo. (State or foreign country)

Mother
14. Maiden name Katherine M. St. Ivers
15. Birthplace Caldwell (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature F. Leroy McCausland and Address Caldwell Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-40 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature C. V. Peckham and Address Caldwell Ida.
19. (a) 8/28/40 (Date received and filed) (b) Ida Montgomery (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 28 1940
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn (macerated fetus) death having occurred at 8 mo. development about 1 mo. before birth — Duration
Due to Cause unknown
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? —
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Hugh J. McLaughlin M.D.
(M.D. or other)
and Address Caldwell Ida. Date Aug 30 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of A. W. Dahan Lic. No. 285 at Caldwell on 8/22/46
ADDITIONAL REMARKS

RECEIVED
SEP 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. Route # 3 St.
(If born in hospital or institution give name.)

Registration District No. 363 State File No.
Prim. Registration District No. Local Registrar's No. 339

2. FULL NAME OF CHILD Franklin Harrold

3. Sex M | If plural births: 4. Twin, triplet, or other S; 5. Number, in order of birth 1 | 6. Premature yes, about 9 mo. Full term no. | 7. Legitimate? yes | 8. Date of birth 8-29-40 (Month, Day, Year)

FATHER

9. Full name Frank Leslie Harrold
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Rt#3
11. Color or race Amer. | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) Alexandria, Neb. (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Edith Ethel Averill
19. Residence (usual place of abode) (If non-resident, give place and State) Nampa
20. Color or race Amer. | 21. Age at last birthday 37 (years)
22. Birthplace (city or place) Alexandria, Neb. (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19__
26. Total time (years) spent in this work 17

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10 %

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation about 8 months (months or weeks)
30. Cause of Stillborn Premature separation of the Placenta (During labor / Before labor ✓)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was "Stillborn" (Born Alive or Stillborn) at 4 a.m. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

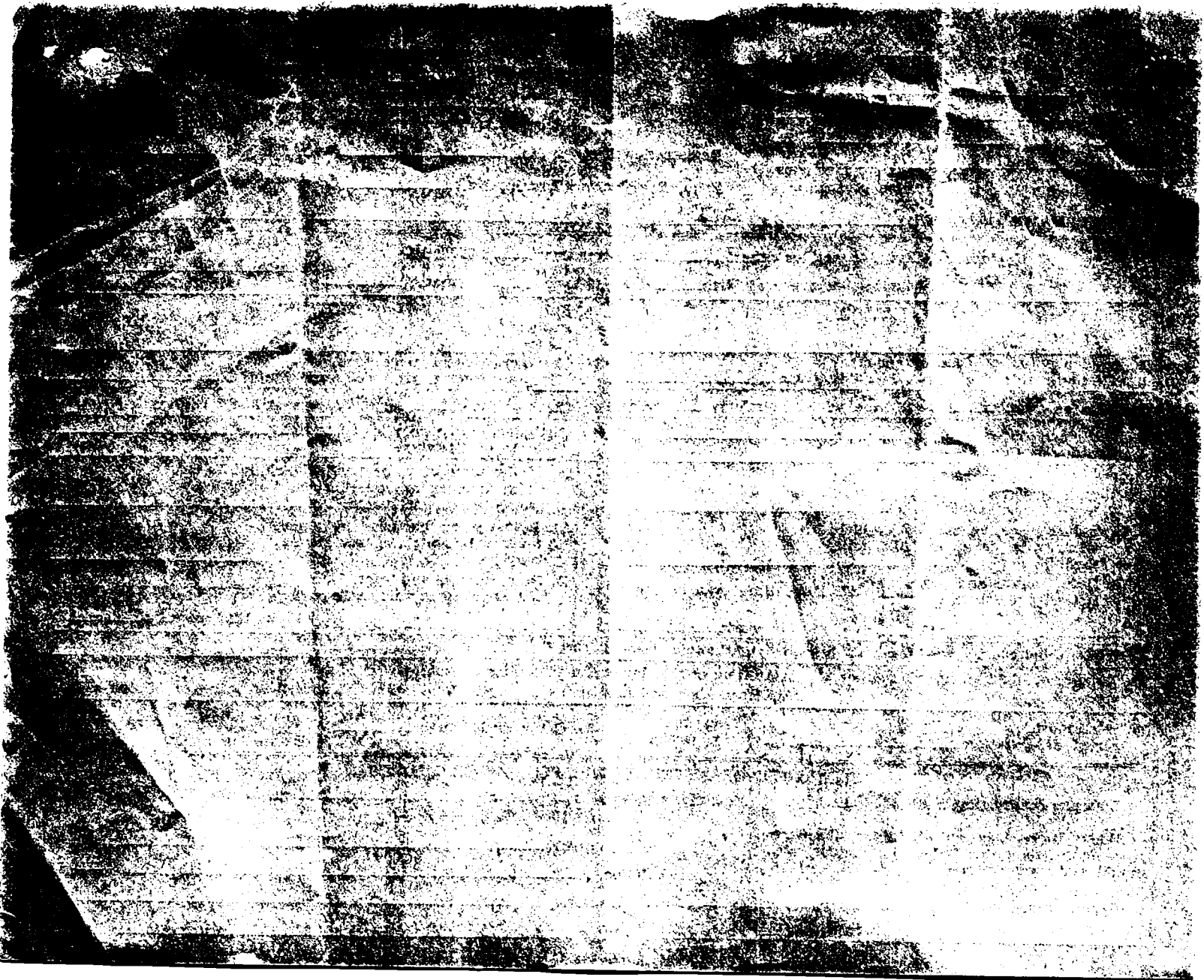
(Signed) J. C. Horton, M. D.
or ____, Midwife
Address Nampa, Idaho

Give name added from a supplemental report ____ (Date of)

Filed Sept-6 1940 Lyda Rodgers Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

RECEIVED
SEP 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 120734

Registration District No. 963
Primary Registration District No. ..... Local Registrar's No. 145

(No. Route # 3 - Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Franklin Harrold (Stillborn)

(a) Residence. No. Route # 3 St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Amer	S

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8 - 29 - 40

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ✓

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ✓

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nampa Idaho
(State or country)

FATHER

13. NAME Frank Leslie Harrold

14. BIRTHPLACE (city or town) Alexandria, Neb.
(State or country)

MOTHER

15. MAIDEN NAME Edith Ethel Averill

16. BIRTHPLACE (city or town) Alexandria, Neb.
(State or country)

17. INFORMANT Frank L. Harrold (Father)
(Address) R#3-Nampa

18. BURIAL, CREMATION OR REMOVAL
Place Route # 3-Nampa Date 8-29-40

19. UNDERTAKER Frank L. Harrold (Father)
(Address) Route # 3 - Nampa, Ida

20. FILED Aug 29 1940 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-29-40 193

22. I HEREBY CERTIFY, That I attended deceased from 8-29-40, 193..., to 8-29-40 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3 A ...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
Premature separation	.....
2. Placenta	.....
.....	.....
.....	.....

Other **contributory causes** of importance:

.....	.....
.....	.....
.....	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) ..... M. D.
(Address) Nampa Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	*July* 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May* 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 *week ago*
Run over by street car	1 *week ago*
Peritonitis	3 *days ago*
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 *year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH

County of Franklin

City of Preston

No. ____ St. ____

(If born in hospital or institution give name.)

RECEIVED

AUG 15 1940

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 540 State File No. ____

Prim. Registration District No. 2119 Local Registrar's No. ____

2. FULL NAME OF CHILD Baby Boy Baxter

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth July 1, 19[illegible] (Month, Day, Year)

FATHER

9. Full name Lyman Karl Baxter

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho

11. Color or race White | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Banida, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Winona Ivy Talbot

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho

20. Color or race White | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Preston, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation 7 months { months or weeks

30. Cause of Stillbirth Toxemia of Pregnancy { Before labor X During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:45 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

____ Registrar.

(Signed) E. R. Curtis, M. D.

or ____, Midwife

Address Preston, Idaho

Filed July 3, 1940 Geo. Staker Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Custer

RECEIVED

AUG 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 120735

Registration District No. 540

Primary Registration District No. 2169 Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Boy Baxter

(a) Residence. No. Custer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) 7-1-40

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Premature	7		Talbot

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Custer, Idaho

MOTHER/FATHER

13. NAME Lyman Karl Baxter

14. BIRTHPLACE (city or town) (State or country) Clyde, Idaho

MOTHER

15. MAIDEN NAME Winona Joy Talbot

16. BIRTHPLACE (city or town) (State or country) Custer, Idaho

17. INFORMANT (Address) L. Lyman Karl Baxter Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Minidoka, Idaho. Date July 1, 1940

19. UNDERTAKER (Address) None

20. FILED July 3, 1940 G. W. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1, 1940 193

22. I HEREBY CERTIFY, That I attended deceased from June, 1940, to July 1, 1940, 193.

I last saw h... alive on ..., 193.. death is said to have occurred on the date stated above, at 1940 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Infant	
8th Month Gestation	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) ....., M. D.

(Address) .....

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *sninner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	*Attack of epilepsy*	1 *week ago*
Chronic interstitial nephritis	1921	*Run over by street car*	1 *week ago*
Cerebral hemorrhage	*July* 5, 1927	*Peritonitis*	3 *days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May* 1, 1923	*Gastroenteritis*	1 *year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene St.

No. Bares Maternity Home

(If born in hospital or institution give name.)

RECEIVED AUG 15 19[illegible]

STATE OF [illegible] DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF [illegible]

Registration District No. 120 State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Chesley Alfred Smith

3. Sex M. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth July 21, 1940 (Month, Day, Year)

FATHER		MOTHER
9. Full name	Albert Ernest Smith	18. Full maiden name Dorothy Mildred Stapleton
10. Residence (usual place of abode) (If non-resident, give place and State)	1924 Mullan. Box 293	19. Residence (usual place of abode) (If non-resident, give place and State) 1924 Mullan Box 293
11. Color or race W	12. Age at last birthday 23 (years)	20. Color or race W 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country)	Coeur d'Alene, Idaho	22. Birthplace (city or place) (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	W.P.A. Employe	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	W.P.A.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work	Present, 19	25. Date (month and year) last engaged in this work Present, 19
17. Total time (years) spent in this work		26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? AgNO3 1%

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor X Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 3:07 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

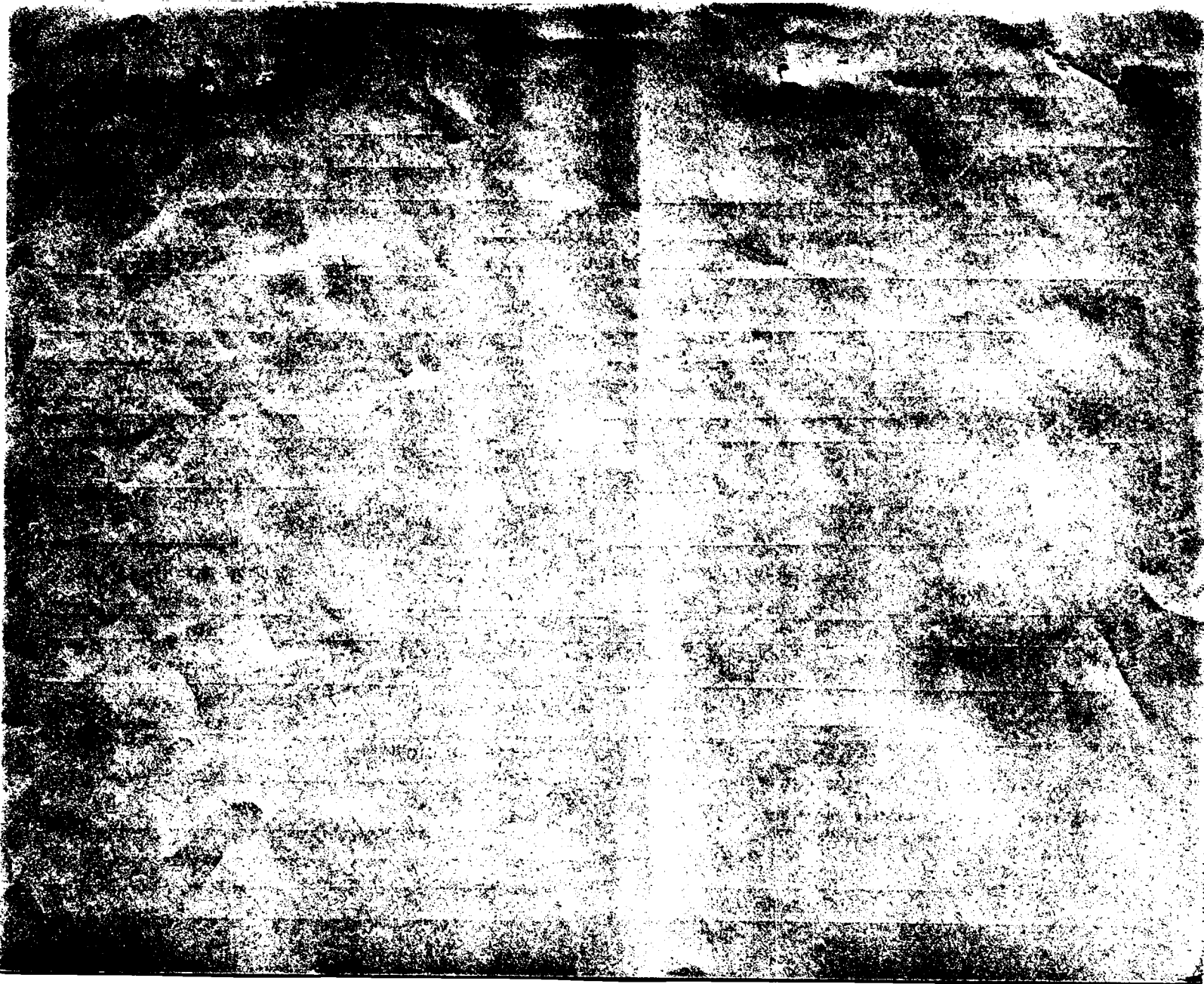
(Signed) [signature] M. D.

or ____ Midwife

Address Coeur d'Alene Idaho

Filed 8.6, 1940 H. L. Newcombe MD

Registrar. Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120736
Local Reg. No. 748
Reg. Dist. No. 120

FILED

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Barnes Maternity Home. Stayed days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charles Alfred Smith

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6 (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) 7-21-1940

8. **AGE**

Years	Months	Days	If less than 1 day
0	0	0	0 hrs 0 min.

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Coeur d'Alene Ida
(City or town) (State or foreign country)

Father
12. Name Albert Smith
13. Birthplace Coeur d'Alene Ida.
(City or town) (State or foreign country)

Mother
14. Maiden name Dorothy Stalbeon
15. Birthplace Palouse Wash.
(City or town) (State or foreign country)

16. Informant's **OWN** Signature Albert Smith
and Address 206 S. 19th St. CD'Alene

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-1940 (Month) (Day) (Year)
(c) Place: Forest - Coeur d'Alene Ida.

18. Funeral Director's **OWN** Signature C. Wendt
and Address Coeur d'Alene Ida

19. (a) 7-31-40 (Date received and filed) (b) H. L. Newlin M.D. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-21- 1940
at 3:07 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7/21 1940, to 7/21 1940
I last saw him alive on Never breathed; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Stillborn due to
cerebral hemorrhage
Due to Difficult - Forceps Delivery
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. L. Newlin M.D.
(M. D. or other)
and Address Coeur d'Alene Ida Date 7-29-1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK. THIS IS A LEGAL RECORD. Fill in all items. Use "None" where necessary. If unknown, state so. Do not leave any item blank. If there was no birth in a case of plural births, make a separate certificate for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d 'Alene, Idaho
No. 102 Indiana Ave. St.
OSLUND'S MATERNITY
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 15 1940

CERTIFICATE OF BIRTH

S

Registration District No. 120 State File No. 299519
Prim. Registration District No. ____ Local Registrar's No. 203

2. FULL NAME OF CHILD NANCY JUNE HAWKINS

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth July 23, 1940 (Month, Day, Year)

FATHER

9. Full name: WILLIAM STARK HAWKINS
10. Residence (usual place of abode) 627 Government Way (If non-resident, give place and State) City.
11. Color or race W | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) St. Joe (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name: AGNES MATILDA RAMSTEDT
19. Residence (usual place of abode) (If non-resident, give place and State) Same
20. Color or race W | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) Moscow (State or Country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation Full Term ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 10:30 A.M. m. on the date above stated.

(Signed) Louise H. Sherwood, M. D.
or ____, Midwife
Address Coeur d 'Alene, Idaho
Filed 7-27, 1940 H. L. Fenwick, M.D. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____ (Date of)
____ Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

(If born in hospital or institution, give name) Print Location District No. _____ Local Registrar's No. _____

Print NAME (Optional)

1. If twin, triplet, or other _____ 2. Number in order of birth _____ 3. Date of birth _____ (Month, Day, Year)

4. Sex _____ 5. Color or race _____ 6. Age at last birthday _____ (Years)

FATHER

7. Full name _____
8. Birthplace (State or Country) _____
9. Age at last birthday _____ (Years)
10. Color or race _____
11. Trade, profession, or particular kind of work done, as spinner, engineer, bookkeeper, etc. _____
12. Industry or business in which work was done, as silk mill, _____
13. Date (Month and year) last engaged in this work _____ 14. Total time (years) spent in this work _____

MOTHER

15. Full maiden name _____
16. Birthplace (State or Country) _____
17. Age at last birthday _____ (Years)
18. Color or race _____
19. Trade, profession, or particular kind of work done, as spinner, housekeeper, typist, nurse, clerk, etc. _____
20. Industry or business in which work was done, as cotton mill, lawyer's office, silk mill, etc. _____
21. Date (Month and year) last engaged in this work _____ 22. Total time (years) spent in this work _____

23. Residence (usual place of abode) _____
(If non-resident give place and State) _____

24. Residence (usual place of abode) _____
(If non-resident give place and State) _____

25. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

26. If legitimate, was premarital blood test for syphilis made? _____ Result _____
If illegitimate, was paternity established by court? _____ Where? _____

27. If born plural (1, Twin, triplet, or other) _____ 28. Duration of pregnancy _____ (Months)

29. Was prophylaxis used to prevent Ophthalmia Neonatorum? _____

30. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born Alive or Stillborn)

(Signed) _____ M.D.

or _____ Midwife

Address _____

Filed _____, 19__ Registrar.

(Date of)

Signature.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120737
Local Reg. No. 140
Reg. Dist. No. 12.0

RECEIVED AUG 15 1940

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 201 Indiana
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital. X Institution .... Other place ....
(f) Name Hosp. or Inst. Cslunds Mater. Stayed 1 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 627 Gov't. Way
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. - yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) ---

3. (a) **FULL NAME** Infant Nancy June Hawkins.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife None
6 (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) July 23, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min. 0

9. Exact Occupation None — Did this work for - yrs.
10. Industry or Business --- — Date last worked ---
11. Birthplace Coeur d'Alene (City or town) Idaho (State or foreign country)

Father
12. Name Wm. S. Hawkins
13. Birthplace St. Joe, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Agnes Ramstedt.
15. Birthplace Moscow, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. S. Hawkins
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-24-40 (Month) (Day) (Year)
(c) Place: Forest Cemetery. Coeur d'Alene
18. Funeral Director's **OWN** Signature Mooney Mortuary.
and Address Coeur d'Alene, Idaho
19. (a) 7-24-1940 (Date received and filed) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 23, 1940
at 11:00 o'clock A. M.

21. I **HEREBY CERTIFY,** That I attended deceased from July 23 1940 to July 23 1940
I last saw h alive on July 23 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn - due to complications, kicked on pelvic while during delivery — Duration 7-23-40
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? — PHYSICIAN
Name of operation ..... Date .....
Major finding
Finding of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Hamilton F. Greenwood (M. D. or other)
and Address Coeur d'Alene, Idaho Date 7-24-1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work?
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia, generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of [illegible] Lic. No. E-278 at [illegible] on 7/23/40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

SEP 6 1940

CERTIFICATE OF BIRTH

29952

1. PLACE OF BIRTH
County of Latah
City of Princeton
No. ____ St. Hospital
(If born in hospital or institution give name.)

Registration District No. 208 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 62

2. FULL NAME OF CHILD Infant Karr

3. Sex Female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ✓ | 7. Legitimate? yes | 8. Date of birth Aug 11, 1940 (Month, Day, Year)

FATHER

9. Full name Alfred J. H. Karr
10. Residence (usual place of abode) (If non-resident, give place and State) Princeton
11. Color or race W | 12. Age at last birthday 46 (years)
13. Birthplace (city or place) (State or Country) Oswego, Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer
16. Date (month and year) last engaged in this work Aug 10, 1940
17. Total time (years) spent in this work 28 yrs

MOTHER

18. Full maiden name Mary Elizabeth Stubbs
19. Residence (usual place of abode) (If non-resident, give place and State) Princeton Idaho
20. Color or race W | 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or Country) Alpena, Mich.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work Aug. 1940
26. Total time (years) spent in this work 20 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 10 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo. (months or weeks)
30. Cause of Stillbirth Compression of cord (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 9 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. R. Jacobs, M. D.
or ____, Midwife
Address Potlatch, Idaho.

Give name added from a supplemental report ____ (Date of) ____

Filed Aug 12, 1940 Mrs. F. C. Gibson
Registrar.

Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 12073
Local Reg. No. 17
Reg. Dist. No. 208

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Latah St. of 1940
(b) City or town Princeton
(c) Street Address or R. F. D. No. Rural
(d) Death Occurred Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Princeton
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? ..... Outside? X city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Infant Karr

3. (b) If veteran, name war .....
3. (c) Social Security No. none
4. Sex female race white
5. Color or
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 11, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) ..... (State or foreign country)

Father
12. Name Alfred J.H. Karr
13. Birthplace Oswego (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Mary Elizabeth Stubbs
15. Birthplace Alpena (City or town) Michigan (State or foreign country)

16. Informant's **OWN** Signature Alfred J.H. Karr
and Address Princeton Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-1940 (Month) (Day) (Year)
(c) Place: Princeton Idaho
18. Funeral Director's **OWN** Signature Alfred J.H. Karr
and Address Princeton Idaho
19. (a) 8-12-40 (Date received and filed) (b) Mrs. F.C. Gibson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 11 1940
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: stillborn — Duration .....
Due to comoression of a presenting cord
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. R. Jacobs M.D. (M. D. or other)
and Address Potlatch Date 8-12-1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. ____ St.
(If born in hospital or institution give name.)

RECEIVED
SEP 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 630 State File No. 29952

Prim. Registration District No. 2178 Local Registrar's No. 228

2. FULL NAME OF CHILD Stillborn Smith

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth One	Full term	✓	8-12-1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Claude Smith	18. Full maiden name Marjorie McEntire
10. Residence (usual place of abode) (If non-resident, give place and State) Sugar City	19. Residence (usual place of abode) (If non-resident, give place and State) Sugar City
11. Color or race White | 12. Age at last birthday 21 (years)	20. Color or race White | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Sugar City Idaho	22. Birthplace (city or place) (State or Country) Rexburg Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__ | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ____, 19__ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 5:45 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) M. F. Rigby, M. D.

or ____, Midwife

Address Rexburg Idaho

Filed 9-10, 1940 Mrs Heyrman
Registrar.

____
Registrar.

One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.—IN CASE OF MORE THAN

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120739
Local Reg. No. 42
Reg. Dist. No. 630

SEP 11 1940

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Stillborn Smith

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race W
5. Color or
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug 12 1940

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rexburg (City or town) Idaho (State or foreign country)

Father
12. Name William Claude Smith
13. Birthplace Sugar City (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Marjorie McEntire
15. Birthplace Rexburg (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Raymond E. W. Endres
and Address Rexburg Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-12-40 (Month) (Day) (Year)
(c) Place: Rexburg Cemetery
18. Funeral Director's **OWN** Signature none
and Address
19. (a) 9-12-40 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/12 1940
at 5:45 o'clock A. M. Stillborn
21. I **HEREBY CERTIFY**, That I attended deceased from 19 to 19
I last saw him alive on Stillborn 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Delivery	
Due to Breech Presentation	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. F. Rigby M.D. (M.D. or other)
and Address Rexburg Date 8/12 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—If more than one child at birth a Separate Return must be made for each, and the number of each in order stated.

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. 111 - E - 2 - north St.
OR Thornton Rt 1
(If born in hospital or institution give name.)

RECEIVED
SEP 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 1 [illegible]

Registration District No. 630 State File No.
Prim. Registration District No. 2178 Local Registrar's No. 199

2. FULL NAME OF CHILD

3. Sex Male | If plural births {4. Twin, triplet, or other 5. Number, in order of birth} | 6. Premature ✓ Full term | 7. Legitimate? yes | 8. Date of birth 8 19 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Marshall Graver	18. Full maiden name Verna Olsen
10. Residence (usual place of abode) (If non-resident give place and State) Archer	19. Residence (usual place of abode) (If non-resident, give place and State) Archer
11. Color or race White / 12. Age at last birthday 34 (years)	20. Color or race White / 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Idaho	22. Birthplace (city or place) (State or Country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__ / 17. Total time (years) spent in this work born on farm	25. Date (month and year) last engaged in this work ____, 19__ / 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 3

29. If stillborn, period of gestation 8 1/2 {months / ~~or weeks~~} | 30. Cause of Stillbirth albuminuria of Mother {During labor / Before labor ✓}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

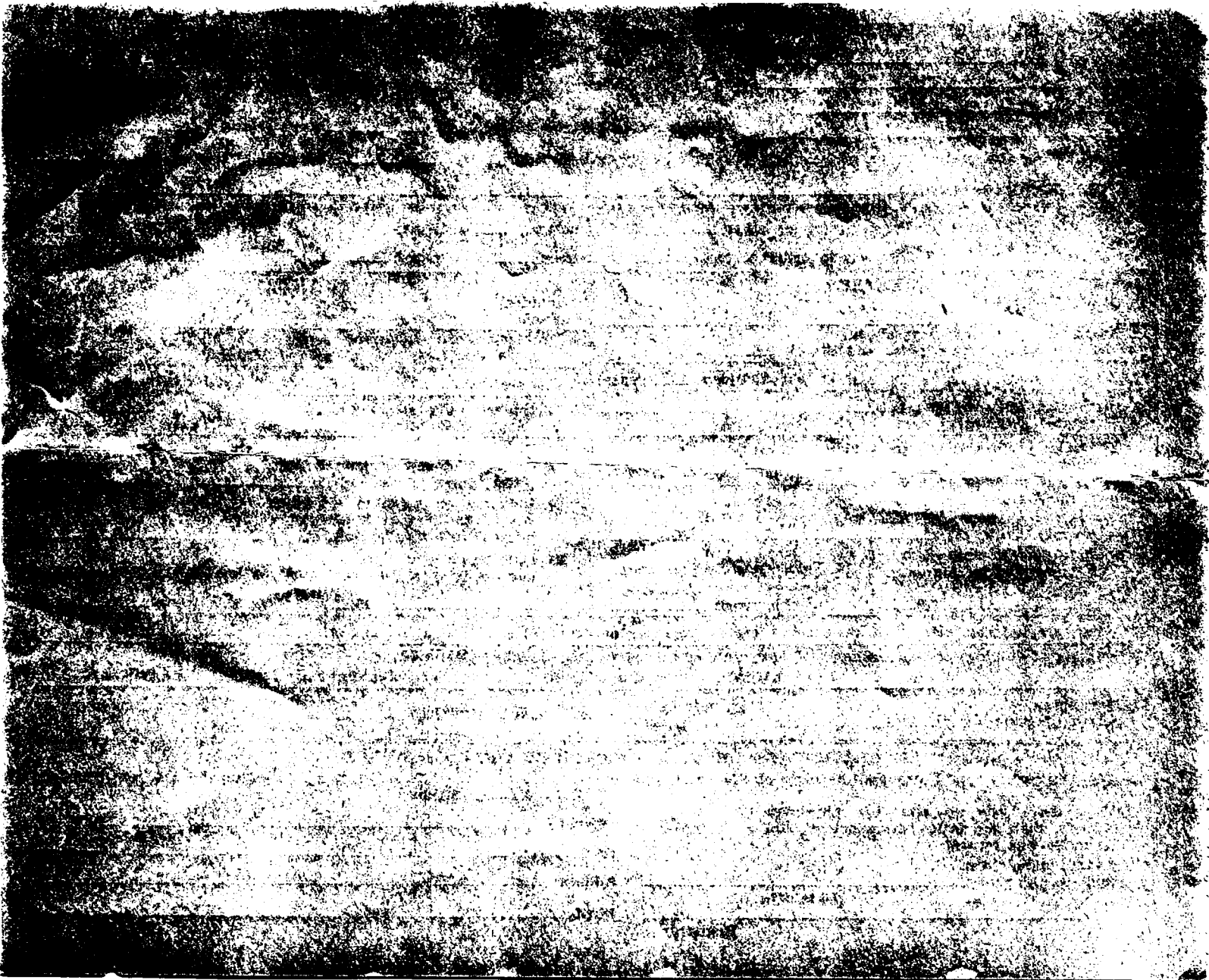
I hereby certify that I attended the birth of this child, who was ____ at 10 20 P m. on the date above stated.
(~~Born Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) Lorin F. Rich, M. D.
or ____, Midwife
Address Rexburg Idaho

Filed 9-7-, 1940 Mrs H Eyring
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg
VED
SEP 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 631
Primary Registration District No. 2178
(No. .....)

DO NOT WRITE IN THIS SPACE
State File No. 120740

Local Registrar's No. 43

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant. Grover

(a) Residence No. ..... St. Archer, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): infant

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: infant

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years: Stillborn | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rexburg Idaho.

FATHER

13. NAME: Thomas Marshall Grover
14. BIRTHPLACE (city or town) (State or country): Archer Idaho

MOTHER

15. MAIDEN NAME: Verna Olson
16. BIRTHPLACE (city or town) (State or country): Lyman Idaho

17. INFORMANT: T. Marshall Grover
(Address) Thornton Rt 1 Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sutton Cemetery Date 8-20, 1940

19. UNDERTAKER: none
(Address)

20. FILED 8-19, 1940 Mrs. Keyes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/19 1940

22 I HEREBY CERTIFY, That I attended deceased from 8-19-, 1940, to 8-19-, 1940
I last saw ~~was alive~~ Stillborn 193..: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Albuminuria of Mother	two weeks.
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following: none
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

8/19/40. (Signed) Chas. W. Rich M. D.
(Address) Rexburg Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of twins or triplets, one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

PLACE OF BIRTH

County of Madison

City of Burton

No. Rexburg Rt 1 St.

(If born in hospital or institution give name.)

RECEIVED SEP 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 631 State File No.

Prim. Registration District No. 2178 Local Registrar's No. 201

2. FULL NAME OF CHILD Boyd Lorin Hall

3. Sex Male

If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature ✓ Full term.....

7. Legitimate? Yes

8. Date of birth 9 2 1940 (Month, Day, Year)

FATHER

9. Full name Henry L Burns.

10. Residence (usual place of abode) (If non-resident, give place and State) Burton

11. Color or race White | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or Country) Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work.....

MOTHER

18. Full maiden name Margaret Hall

19. Residence (usual place of abode) (If non-resident, give place and State) Burton

20. Color or race White | 21. Age at last birthday 42 (years)

22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 7 months { months or weeks

30. Cause of Stillbirth Unknown { During labor..... Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~Born Alive or~~ Stillborn) at 3:40 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

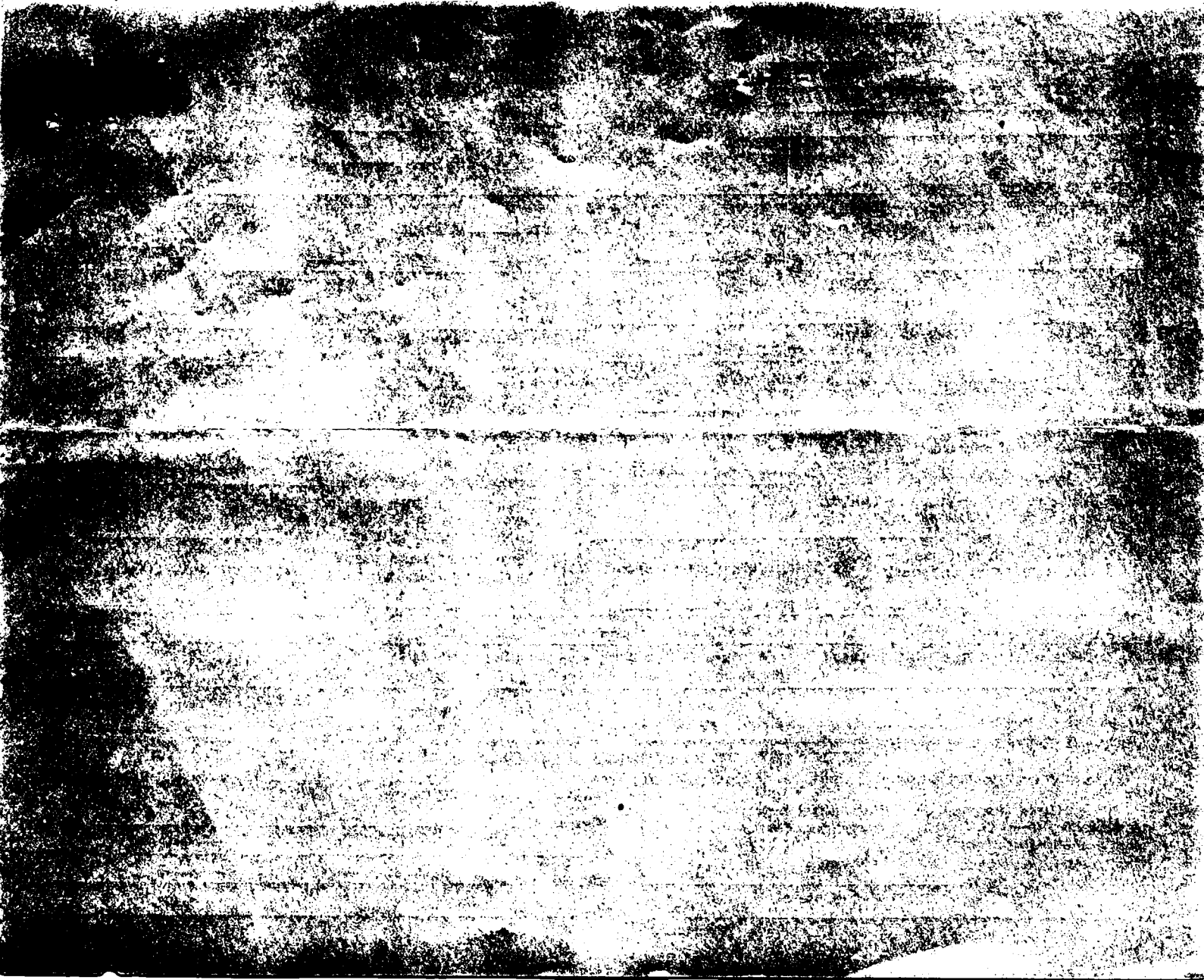
.....
Registrar.

(Signed) Lorin L'Rich, M. D.

or ....., Midwife

Address Rexburg Idaho.

Filed 9-7-, 1940 Mae Heyrend Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg #1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 12074i

Registration District No. 631

Primary Registration District No. 2178 Local Registrar's No. 44

SEP 11 1940

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Burns

(a) Residence No. Burton St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M

4. Color or Race: W

5. ~~Single~~, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-2-40

7. AGE — Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rexburg #1
(State or country)

FATHER

13. NAME Henry Stacy Burns

14. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

MOTHER

15. MAIDEN NAME Margaret Hall

16. BIRTHPLACE (city or town) Burton
(State or country) Idaho

17. INFORMANT Henry S. Burns.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Burton cemetery Date 9-2, 1940

19. UNDERTAKER none
(Address)

20. FILED 9-2, 1940 Mrs T Eyamy
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 2 1940

22. I HEREBY CERTIFY, That I attended deceased from birth, 193.. to , 193..

I last saw him alive on Sept 2 1940 death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Macerated foetus	
Cause unknown.	

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Geo L Rich, M. D.

9/2/40. (Address) Rexburg Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Wallace

No. Canyon Cove St.

Providence Hospital

(If born in hospital or institution give name.)

RECEIVED MAY 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S [redacted] 299524

Registration District No. ..... State File No. .....

Prim. Registration District No. 140 Local Registrar's No. 105

2. FULL NAME OF CHILD Shaw, Baby Boy

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M		Full term	Yes	May 25, 1940

FATHER	MOTHER
9. Full name: Roy W. Shaw	18. Full maiden name: Florence W. Kramolisky
10. Residence (usual place of abode) (If non-resident, give place and State): Mullan	19. Residence (usual place of abode) (If non-resident, give place and State): Mullan
11. Color or race: W | 12. Age at last birthday: 27 (years)	20. Color or race: W | 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Utah	22. Birthplace (city or place) (State or Country): Iowa
OCCUPATION — 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner	OCCUPATION — 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.:
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Morning	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Hwf
16. Date (month and year) last engaged in this work: ....., 19....	25. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work: 3 yrs	26. Total time (years) spent in this work: 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? / No Silver Nitrate

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living / (b) Born alive but now dead ..... (c) Stillborn 2

29. If stillborn, period of gestation 7 mo. (months or weeks)

30. Cause of Stillbirth ..... (During labor / Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 55 a. m. on the date above stated.

(Born ~~Alive or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

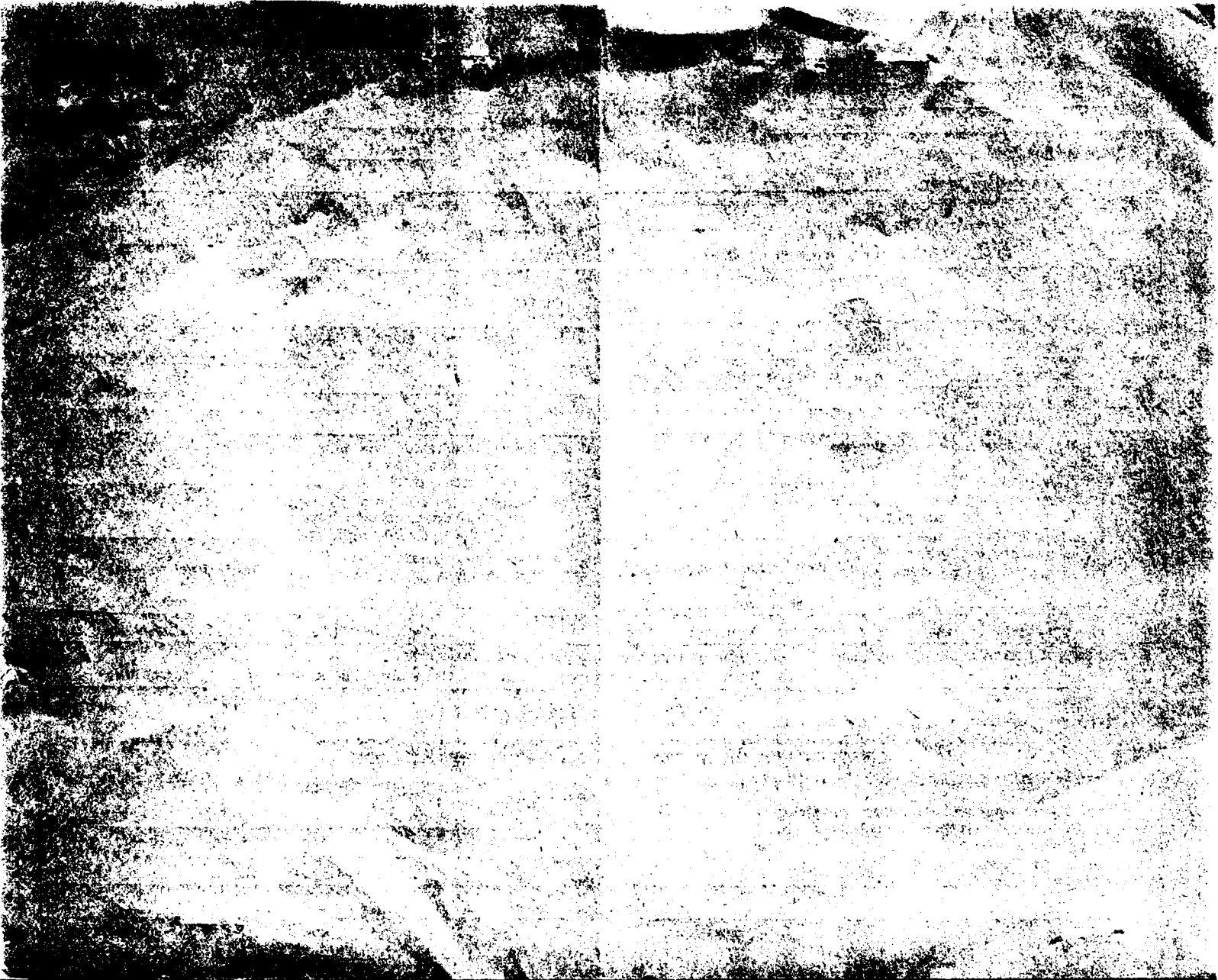
(Signed) [signature], M. D.

or ....., Midwife

Address Wallace Idaho

Filed May 29, 1940 [signature]

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 120742
Local Reg. No. 64
Reg. Dist. No. 140

MAY 31 1940

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital or Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Boy Shay.

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May - 25 - 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Wallace Idaho (City or town) (State or foreign country)

Father
12. Name Roy Shay
13. Birthplace Salt Lake Utah (City or town) (State or foreign country)

Mother
14. Maiden name Florence McKernan
15. Birthplace Iowa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Roy W. Shay and Address Wallace Ida. RT Box 511
17. (a) Burial (Burial, cremation or removal) (b) Date thereof May-26-1940 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Brown and Address Wallace Ida.
19. (a) May-25-1940 (Date received and filed) (b) John A Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May - 25 1940 at 11:30 o'clock A. M.

21. I **HEREBY CERTIFY,** That I attended deceased from 19..., to 19...
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still born — Duration
Mal presentation
Due to Prematurity
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Wallace Ida. Date 5/29 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S [illegible]

SEP 5 1940

1. PLACE OF BIRTH
County of Shoshone
City or Kellogg
St. No. 14 Mc Kelvey
(If born in hospital or institution give name.) Wardner Hospital

Registration District No. 142 State File No.
Prim. Registration District No. Local Registrar's No. 137

2. FULL NAME OF CHILD Baby Boy Mason

3. Sex M. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug 18, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Marlin Issay Mason	18. Full maiden name Beatrice Alice Hall
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Ida.
11. Color or race W. | 12. Age at last birthday 24 (years)	20. Color or race W | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Redfield S. Dak	22. Birthplace (city or place) (State or Country) Salt Lake City Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Aug, 1940 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work Aug, 1940 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 3

28. Number of children of this mother, 2 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 months or weeks | 30. Cause of Stillbirth During labor Premature Separation Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 20 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Robert Staller, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed Aug 31, 1940 Mrs. Helen McBride
Registrar.

[illegible]

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 120743
Local Reg. No. 49
Reg. Dist. No. 142

SEP 5 1940

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Wardner Stayed days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Boy Mason

3. (b) If veteran, name war —
3. (c) Social Security No. —
5. Color or race white
6. (a) Single, widowed, married, divorced —
4. Sex Male
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug 18, 1940

8. AGE	Years	Months	Days	If less than 1 day
	8 months	Stat		hrs ion min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Kellogg (City or town) Idaho (State or foreign country)

Father
12. Name Marlin J. Mason
13. Birthplace (City or town) S. Dakota (State or foreign country)

Mother
14. Maiden name Beatrice Hall
15. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. T. Mason and Address Ross Gulch
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/40 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature M. O. Thornhill and Address Kellogg Ida
19. (a) Aug-19-40 (Date received and filed) (b) Mrs. Helen M. Beale (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 18 1940 at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillborn
Due to Premature Delivery
Due to Z Labor
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Robert Healy (M. D. or other)
and Address Wallace Ida Date 9/1/40 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Teton
City of Driggs
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 10 1940

CERTIFICATE OF BIRTH

Registration District No. 620 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 33

2. FULL NAME OF CHILD Infant Gonzalez

3. Sex Male | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug 28 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jesus Gonzalez	18. Full maiden name Maria Aguirre
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Shelley Ida
11. Color or race Mexican 12. Age at last birthday 42 (years)	20. Color or race Mexican 21. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Mexico	22. Birthplace (city or place) (State or Country) Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bean Picker	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper - Housewife
15. Industry or business in which work was done, as silk sawmill, bank, etc. Sugar Beet Factory	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own
16. Date (month and year) last engaged in this work Aug 28, 1940	17. Total time (years) spent in this work 2 mos
	25. Date (month and year) last engaged in this work Aug 27, 1940
	26. Total time (years) spent in this work 2 mos

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 10 (At time of this birth and including this child) (a) Born alive and now living 10 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 { months ~~or weeks~~ | 30. Cause of Stillbirth ____ { Before labor Yes During labor ____

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 10:45 ~~P~~ A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) O. B. Hoffman, M. D.

or ____, Midwife

Address Driggs, Idaho

Filed Sept 4, 1940 Florence Davidson Registrar.

____ Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 120744
Local Reg. No. 15
Reg. Dist. No. 620

RECEIVED SEP 10 1940

1. **PLACE OF DEATH:**
(a) County Teton
(b) City or town Driggs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? Outside? — city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Infant Gonzalez

3. (b) If veteran, name war —
3. (c) Social Security No. —
5. Color or race Mexican
4. Sex Male
5. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug. 28. 1940

8. AGE	Years	Months	Days	If less than 1 day
		Stillborn		hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Driggs, Idaho (City or town) (State or foreign country)

Father
12. Name Jesus Gonzalez
13. Birthplace Mexico (City or town) (State or foreign country)

Mother
14. Maiden name Maria Aguirre
15. Birthplace Mexico (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jesus Gonzalez and Address Shelley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28-1940 (Month) (Day) (Year)
(c) Place: Driggs, Idaho
18. Funeral Director's **OWN** Signature None and Address
19. (a) August 28, 1940 (Date received and filed) (b) Florence Davidson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 28 1940 at 10:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn — Duration —
Macerated Fetus.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred ... 19... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. O. Hess, M. D. (M. D. or other)
and Address Driggs, Ida. Date 8/28/1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Teton
City of Driggs
No. ____ St.
Teton Valley Hospital
(If born in hospital or institution give name.)

RECEIVED
SEP 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
S
CERTIFICATE OF BIRTH [redacted]

Registration District No. 620 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 31

2. FULL NAME OF CHILD ____

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug 23 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Lawrence Burnside	18. Full maiden name: Elizabeth Nickell
10. Residence (usual place of abode) (If non-resident, give place and State): Driggs, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Driggs, Ida
11. Color or race: W | 12. Age at last birthday: 41 (years)	20. Color or race: W | 21. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or Country): Mt. Pleasant Utah	22. Birthplace (city or place) (State or Country): Driggs Ida
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own
16. Date (month and year) last engaged in this work: Aug 23, 1940	25. Date (month and year) last engaged in this work: Aug 22, 1940
17. Total time (years) spent in this work: Life	26. Total time (years) spent in this work: 20 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 Mo. { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor Malpresentation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 1:30 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) O. D. H. Jones, M. D.
or ____, Midwife
Address Driggs, Idaho

Filed September 4, 1940 Florence Davidson
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 120745
Local Reg. No. 13
Reg. Dist. No. 620

1. **PLACE OF DEATH:** SEP 10 1940
(a) County Teton
(b) City or town Driggs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ✓ Institution ..... Other place
(f) Name Hosp. or Inst. Teton Valley Stayed — days
(g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ..... Outside? — city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Infant Burnside

3. (b) If veteran, name war — 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) Aug. 23, 1940

8. **AGE**

Years	Months	Days	If less than 1 day
	Stillborn		hrs min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Driggs, Idaho (City or town) (State or foreign country)

Father
12. Name Lawrence Burnside
13. Birthplace Driggs, Ida. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Nickell
15. Birthplace Driggs, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lawrence Burnside and Address Driggs, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 24, 1940 (Month) (Day) (Year)
(c) Place: Darby Cemetery
18. Funeral Director's **OWN** Signature A. Gordon Bishop and Address Driggs Idaho.
19. (a) August 24, 1940 (Date received and filed) (b) Florence Davidson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 23 1940 at 1:30 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Aug 23 1940 to Aug 23 1940
I last saw h... alive on — 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillborn
Due to
Due to Malpresentation
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature O. W. Hoffman, M. D. (M. D. or other)
and Address Driggs Ida. Date 8/23 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. County Hospital St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 12 1940

CERTIFICATE OF BIRTH S 299528

Registration District No. 46 State File No. 299528

Prim. Registration District No. Local Registrar's No. 566

2. FULL NAME OF CHILD Elizabeth Mc Carty (Stillborn)

3. Sex female.

If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth

6. Premature ; Full term yes

7. Legitimate? yes

8. Date of birth 7-12 1940 (Month, Day, Year)

FATHER

9. Full name Arvol Ross Mc Carty

10. Residence (usual place of abode) (If non-resident, give place and State) American Falls Idaho

11. Color or race w | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Rockland Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. his own.

16. Date (month and year) last engaged in this work present, 1940

17. Total time (years) spent in this work 10 yr.

MOTHER

18. Full maiden name Gertrude Ruby Renrost

19. Residence (usual place of abode) (If non-resident, give place and State) American Falls Idaho

20. Color or race w | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Mount Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work present, 1940

26. Total time (years) spent in this work 11 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ___ { months or weeks

30. Cause of stillbirth ___ { Before labor ; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 50 p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ___ (Date of)

(Signed) Harwood L. Stowe, M. D.

or ___, Midwife

Address Twin Falls Idaho

Filed 8-7, 1940

Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. IR 0746
Local Reg. No. 164
Reg. Dist. No. 421

RECEIVED AUG 12 1940

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Twin Falls Stayed 0 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Elizabeth McCarty

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female race W
5. Color or
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 10, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Arvol McCarty
13. Birthplace Rockland, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Gertrude Rexroat
15. Birthplace Macomb, Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Arvol McCarty and Address American Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/40 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature Reynolds Funeral Home and Address Twin Falls, Idaho
19. (a) Aug 12 1940 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 10, 1940 at 10:45 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 7-10-40 19..., to 19...
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia (Still born) — Duration
Due to Prolapse of cord.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Harwood L. Stowe
and Address Twin Falls Ida (M. D., or other)
Date 7-11-40

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at T. Falls on 7/11/40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH 415726004 392

County of Ada

City of Boise

No. St. Luke's Hosp. St.

(If born in hospital or institution give name.)

RECEIVED OCT 23 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 301130

Registration District No. 370 State File No.

Prim. Registration District No. Local Registrar's No. 845

2. FULL NAME OF CHILD Davis Baby

3. Sex M

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature X Full term

7. Legitimate? yes

8. Date of birth Jan 26 1940 (Month, Day, Year)

FATHER

9. Full name Lon A. Davis

10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida.

11. Color or race W | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Druggist

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Frances Wise

19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida.

20. Color or race W | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Texas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Stenographer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 mo. (months or weeks)

30. Cause of Stillbirth Eclampsia (During labor yes - Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at 12:30 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) Clyde Runge Jr MD, M. D.

or , Midwife

Address

Filed OCT 28 1940, 193

L. Sharp
Registrar.

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121141
Local Reg. No. 179
Reg. Dist. No. 330

RECEIVED MAY 15 1940

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed days
(g) Lived in this county X years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Eagle
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? X years
(h) Former residence (city, state) X

3. (a) **FULL NAME** BABY DAVIS

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) May 26, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation Baby — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Lon A. Davis
13. Birthplace Omaha, Neb. (City or town) (State or foreign country)

Mother
14. Maiden name Francis Wise
15. Birthplace Delhart, Texas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lon Davis
and Address Eagle, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1940 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 5-29-40 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 26, 1940 19
at 12:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Premature
Due to Eclampsia.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Alfred Bussey Jr. M.D. (M. D. or other)
and Address Date 19

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

986-118 001-165

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. [illegible] St. St Luke's.

(If born in hospital or institution give name.)

RECEIVED OCT 2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

301131

Registration District No. 370 State File No.

Prim. Registration District No. Local Registrar's No. 847

2. FULL NAME OF CHILD

3. Sex M. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature 3 mo. Full term | 7. Legitimate? Yes | 8. Date of birth 9/18 1940 (Month, Day, Year)

FATHER

9. Full name John Wayne Rhodes Jr

10. Residence (usual place of abode) (If non-resident, give place and State) R 4 Boise

11. Color or race W. | 12. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or Country) Nampa Ida.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. John Rhodes Jr.

16. Date (month and year) last engaged in this work ____, 19__

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Eleanor Louise Jones

19. Residence (usual place of abode) (If non-resident, give place and State) R 4 Boise

20. Color or race W. | 21. Age at last birthday 17 (years)

22. Birthplace (city or place) (State or Country) Weiser Ida.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ____, 19__

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 5½ mo. (months or weeks)

30. Cause of Stillbirth (During labor / Before labor) Premature 5 mo

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at 12 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) Bruce L. Budge M. D.

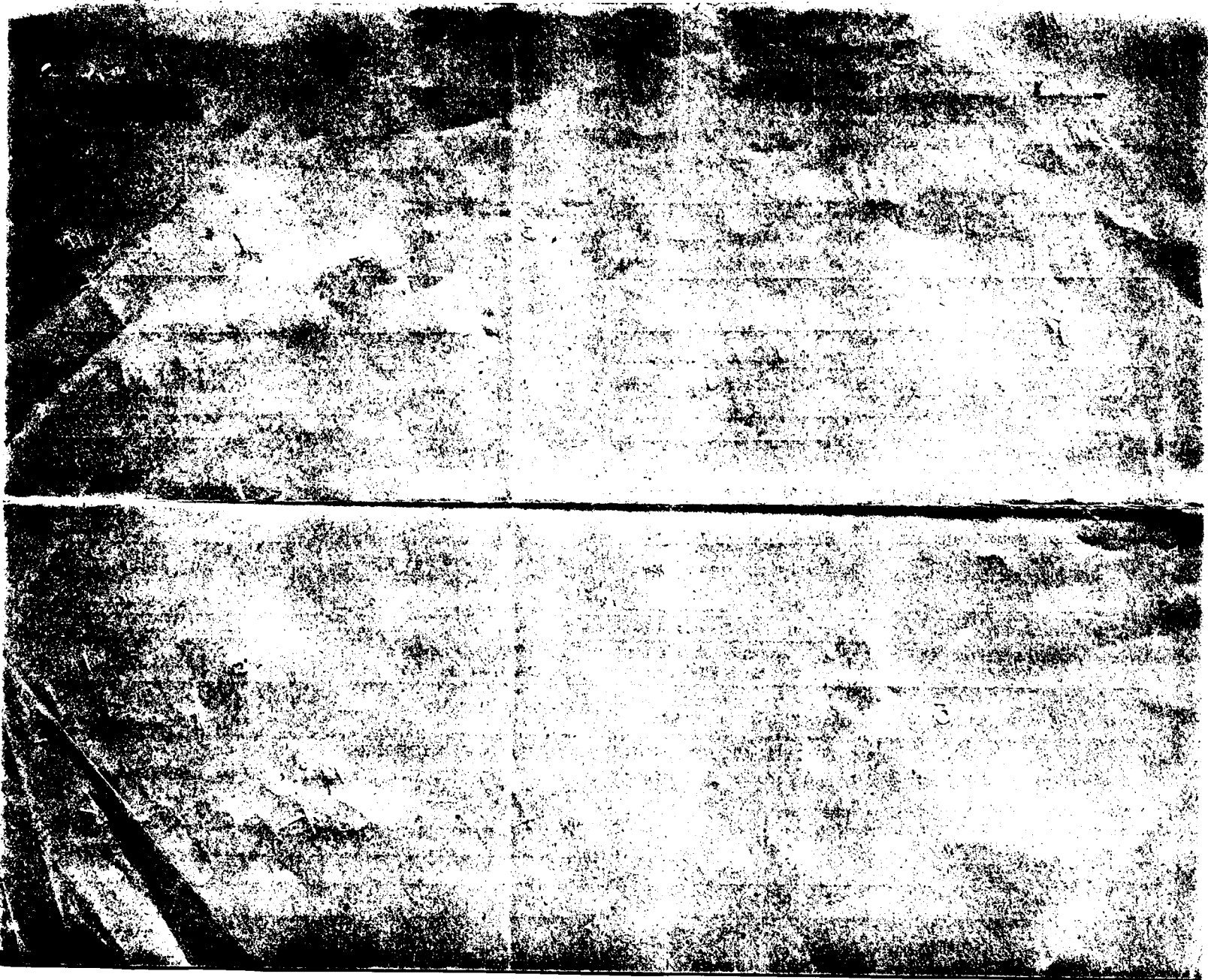
or , Midwife

Address

Filed OCT 18 1940, 193 N. Sharp

Registrar.

Registrar.



Dr Bruce Budge

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 12112
Local Reg. No. 323
Reg. Dist. No. 372

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Ada OCT 16 1940
(b) City or town Boise
(c) Street Address or R. F. D. No. Route #4 Boise
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Lukes Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. Route 4 Boise
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? Stillborn years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Rhodes

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 19, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business None Date last worked .....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name John Rhodes Jr.
13. Birthplace Nampa, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Eleanor Jones
15. Birthplace Miller, Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address John Rhodes Jr Route #4 Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/40 (Month) (Day) (Year)
(c) Place Cloverdale Memorial Park- Boise, Ida.
18. Funeral Director's **OWN** Signature and Address McBratney Funeral Home by Kenneth Libby Boise, Idaho
19. (a) SEP 23 1940 (Date received and filed) (b) H. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Stillbirth 9-19 1940
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Spontaneous abortion at 5 months
Due to Unknown

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease first contracted? .....
Name of operation none Date .....
Major finding normal fetus & placenta
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Bruce C Budge MD (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia*; *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

613-215 010-822

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Memorial Drive St.

L.D.S. Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 301132

Registration District No. 610 State File No.

Prim. Registration District No. Local Registrar's No. 656

2. FULL NAME OF CHILD Stillbirth Waters

3. Sex female | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth X | 6. Premature Full term ✓ | 7. Legitimate? Yes | 8. Date of birth 8-15, 1942 (Month, Day, Year)

FATHER

9. Full name Ivan C. Waters

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida.

11. Color or race White | 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Idaho Falls, Ida.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A. worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work August 15, 1942

17. Total time (years) spent in this work 1 month

MOTHER

18. Full maiden name Rose May Osborne

19. Residence (usual place of abode) (If non-resident, give place and State) [redacted]

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Boise?

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work August, 1942

26. Total time (years) spent in this work 1 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation full term { months or weeks

30. Cause of stillbirth Unknown { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 5:15 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John O. Miller, M. D.

or Midwife

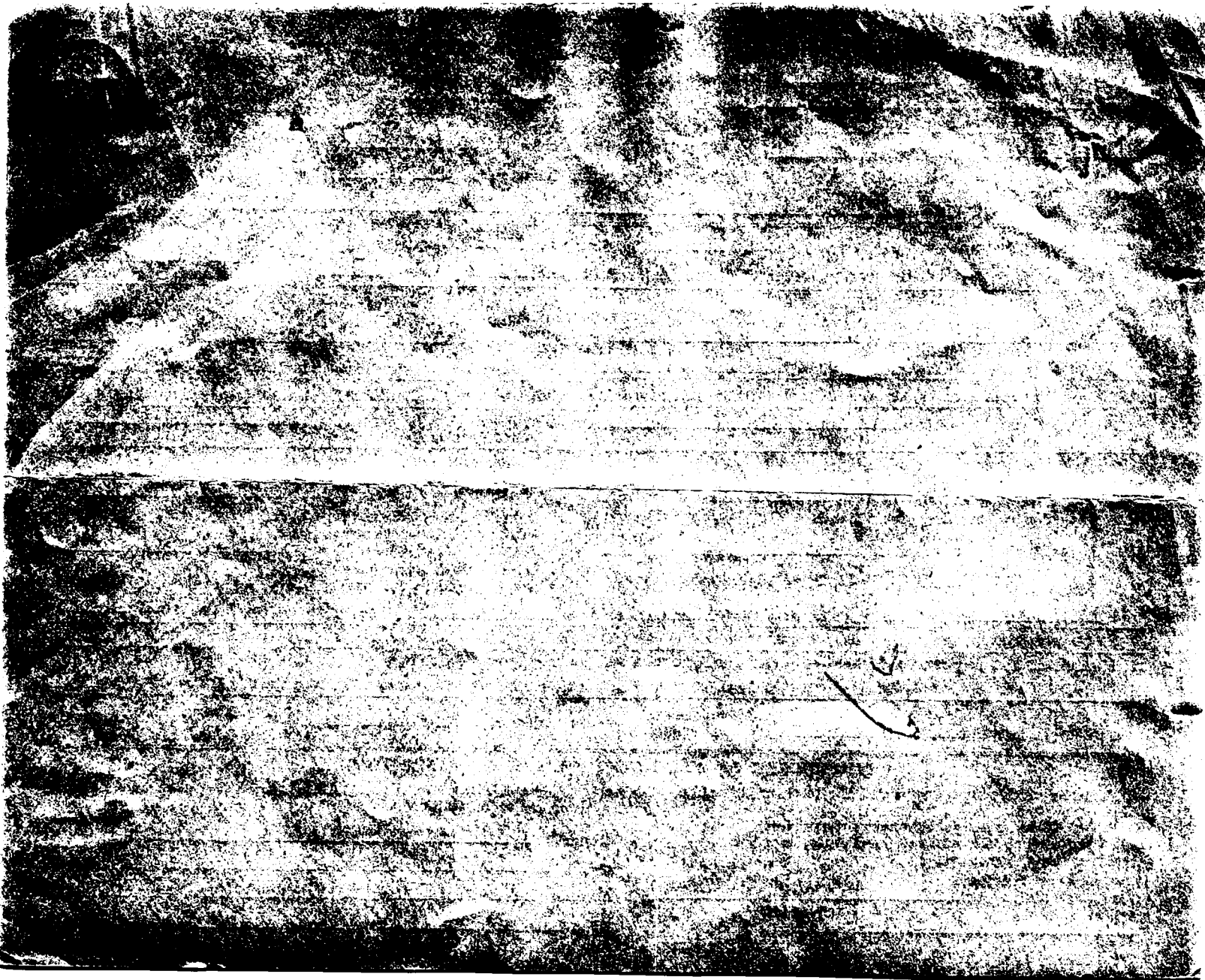
Address Idaho Falls, Idaho

Give name added from a supplemental report

(Date of)

Filed Sept. 17, 1942 Emma Bridges Registrar.

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 121143
Local Reg. No. 154
Reg. Dist. No. 610

1. **PLACE OF DEATH:** SEP 11 1940
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. Memorial Drive
   (d) Death Occurred Inside? Yes Outside? ....city or town
   (e) Died in a Home ....Hospital or Institution ....Other place ....
   (f) Name Hosp. or Inst. L.D.S. Stayed ....days
   (g) Lived in this county ....years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State ....(b) County ....
   (c) City or town ....
   (d) Street Address or R. F. D. No. ....
   (e) Deceased lived Inside? ....Outside? ....city or town
   (f) If foreign born, in U. S. ....yrs. Citizen of U. S.? ....
   (g) How long had deceased lived in Idaho? ....years
   (h) Former residence (city, state) ....

3. (a) **FULL NAME** Stillbirth Water

3. (b) If veteran, name war ....
3. (c) Social Security No. ....
4. Sex .... 5. Color or race .... 6. (a) Single, widowed, married, divorced ....
6. (b) Name of husband or wife ....
6 (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) 8-15-40

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation .... Did this work for .... yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace .... (City or town) (State or foreign country) L.D.S. Hospital

Father
12. Name Irvan C. Waters
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Rose May Osborne
15. Birthplace Boise (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature and Address Irvan C. Waters Idaho Falls Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 16-40 (Month) (Day) (Year)
    (c) Place: ....
18. Funeral Director's **OWN** Signature .... and Address ....
19. (a) Aug 16-40 (Date received and filed) (b) Emma Bridgen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 15 1940
    at 5:35 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from ....19...., to ....19....
    I last saw h.... alive on ....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
unknown.
Due to unknown
Due to unknown.
Other conditions ....
(Include pregnancy within 3 months of death)

Where was disease first contracted? unknown
Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
    Occurred .... 19.... City, county, state where violence occurred ....
    Place of Violence: Home .... Farm .... Industry ....
    Public Place .... While at work? ....
    Means of injury ....
23. Attendant's **OWN** Signature John O Miller M.D. (M. D. or other)
    and Address .... Date .... 19....
    (For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

195-222010-386

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Elm & Cedar St.

Spruce

(If born in hospital or institution give name.)

RECEIVED SEP 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 301133

Registration District No. 610 State File No.

Prim. Registration District No. Local Registrar's No. 649

2. FULL NAME OF CHILD Baby Ameson

3. Sex ♀

If plural births { 4. Twin, triplet, or other

5. Number, in order of birth 1

6. Premature no Full term

7. Legitimate? yes.

8. Date of birth Aug 22, 1940 (Month, Day, Year)

FATHER

9. Full name Oscar Ameson

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Ida

11. Color or race W | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or Country) Fargo N. Dakota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Aug, 1940

17. Total time (years) spent in this work 5 yrs.

MOTHER

18. Full maiden name Petra B. Thoreson.

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

20. Color or race W | 21. Age at last birthday 39 (years)

22. Birthplace (city or place) (State or Country) Norway

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work Aug, 1940

26. Total time (years) spent in this work 19 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 15%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 months { months or weeks

30. Cause of stillbirth { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2 9 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) W. R. Abbott, M. D.

or , Midwife

Address Idaho Falls Ida.

Filed Aug. 22, 1940 Anna Bridges
Registrar.

Registrar.

United States
Department of Commerce
Bureau of the Census

RECEIVED
SEP 11 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121144
Local Reg. No. 160
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home ....Hospital ....Institution ....Other place ....
(f) Name Hosp. or Inst. Spencer Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Arneson

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 22 1940

8. AGE	Years	Months	Days	If less than 1 day
			0	hrs min.

9. Exact Occupation None
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name Oscar Arneson
13. Birthplace Fargo N. Dakota (City or town) (State or foreign country)

Mother
14. Maiden name Petra B. Iverson
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature Oscar Arneson
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 22 40 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls, Idaho
19. (a) Aug 24 1940 (Date received and filed) (b) Ellen Stahl (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 22 1940
at 3 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Aug 22 1940, to Aug 22 1940
I last saw he alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn due to prematurity — Duration
Due to 5½ mo. gestation
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation None Date
Major finding Prematurity
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. R. Cahoon M.D. (M. D. or other)
and Address Idaho Falls, Ida Date Aug 22 19 40
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 814203-004899

County of Bonneville

City of Idaho Falls

No. 503 No. Holmes St.

(If born in hospital or institution give name.)

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 610 State File No. 301134

Prim. Registration District No. ..... Local Registrar's No. 698

2. FULL NAME OF CHILD Hadley,

3. Sex Fe. | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ✓ Full term ..... | 7. Legitimate? ✓ | 8. Date of birth Oct. 3, 1940 (Month, Day, Year)

FATHER

9. Full name Hadley, Ervin Harold

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida

11. Color or race White | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Red Bluff, Montana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. W.P.A.

16. Date (month and year) last engaged in this work Oct. 2, 1940

17. Total time (years) spent in this work 5 yrs.

MOTHER

18. Full maiden name Wirt, Vella Mildred

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida

20. Color or race White | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Shelley, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Oct. 2, 1940

26. Total time (years) spent in this work 6 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 { months or ~~weeks~~

30. Cause of Stillbirth Possible Influenza During labor ✓ Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:50 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

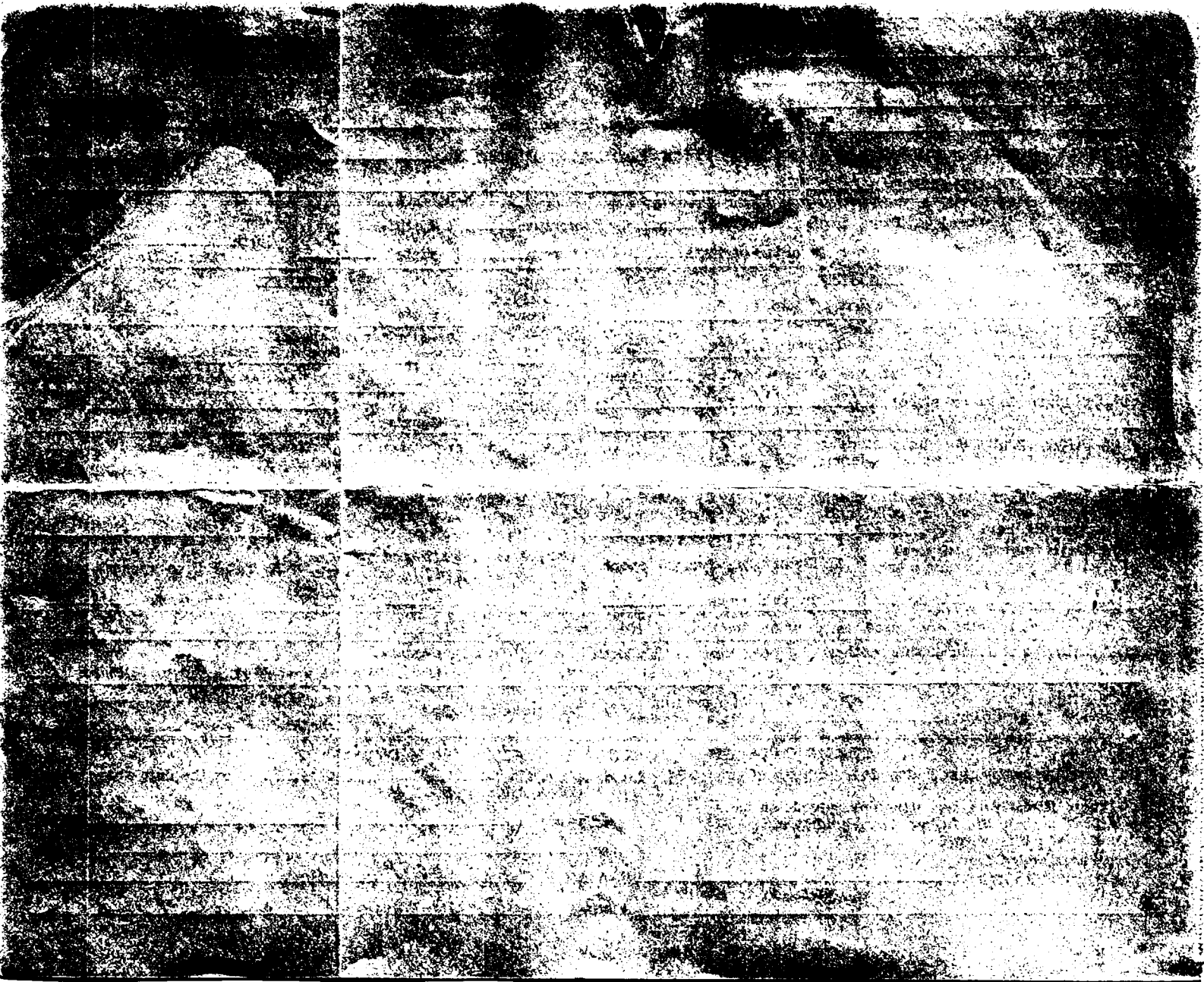
..... Registrar.

(Signed) N B Crumpacker M. D.

or ....., Midwife

Address Rambrecht Bldg.

Filed Oct. 4, 1940 Anna Bridges Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 12145
Local Reg. No. 184
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. 503 N. Holmes
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 503 N. Holmes
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Infant Hadley

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 3, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs ..... min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business None — Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Ervin H. Hadley
13. Birthplace Red Plot, Montana (City or town) (State or foreign country)

Mother
14. Maiden name Ve Ila Wirt
15. Birthplace Shelley, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Emma H. Hadley
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3, 1940 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature A. Buck
and Address Idaho Falls, Idaho
19. (a) Oct 3-40 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 3 1940
at 8:20 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct 3 1940 to Oct 3 1940
I last saw h.. alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillbirth — Duration .....
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. E. Twitchell
and Address Idaho Falls (M. D. or other) Date Oct 3 19 40

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia*; *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

218-218 014-762

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Caldwell, Idaho

No. Route #1, Caldwell St.

Caldwell Sanitarium

(If born in hospital or institution give name.)

RECEIVED OCT 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 301135

Registration District No. 360 State File No.

Prim. Registration District No. Local Registrar's No. 306

2. FULL NAME OF CHILD Donna Faye Sayler

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Girl		yes	yes	Sept. 18, 1940

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Charles Lloyd Sayler	Alice Elaine Post
10. Residence (usual place of abode) (If non-resident, give place and State) / 19. Residence (usual place of abode) (If non-resident, give place and State)	#1, Caldwell	#1, Caldwell
11. Color or race / 12. Age at last birthday (years) / 20. Color or race / 21. Age at last birthday (years)	white / 21 / white / 20	
13. Birthplace (city or place) (State or Country) / 22. Birthplace (city or place) (State or Country)	Kansas	Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Laborer	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work / 17. Total time (years) spent in this work / 25. Date (month and year) last engaged in this work / 26. Total time (years) spent in this work	, 19 / , 19	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 mos 2 wks (months or weeks)

30. Cause of Stillbirth Cord around neck / Placenta Previa — Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:20 A. M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

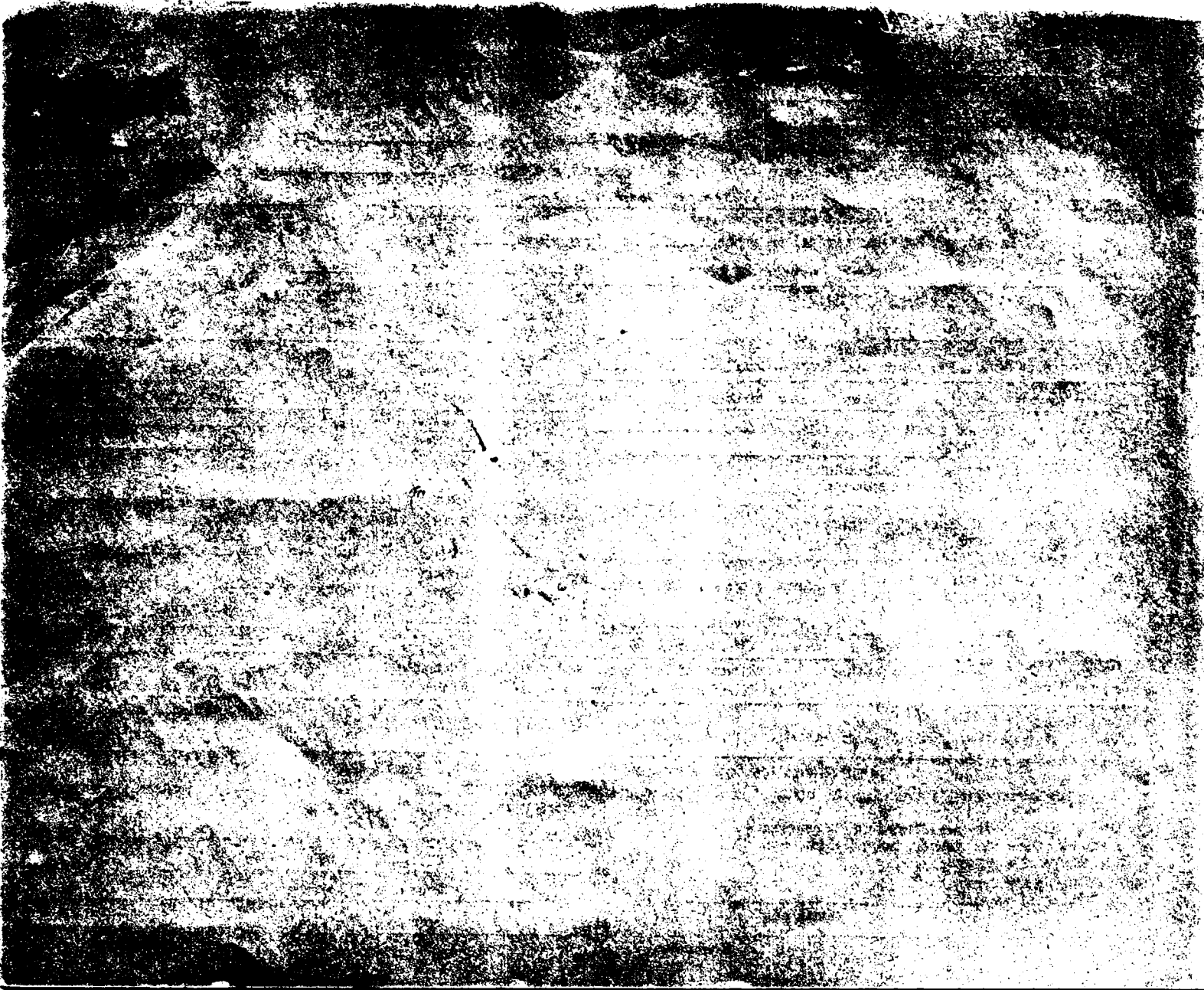
(Signed) O. M. Kelly, M. D.

or , Midwife

Address Caldwell, Idaho

Filed 9-18, 194

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Haley

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121146
Local Reg. No. 114
Reg. Dist. No. 8-6-0

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ✓ Outside? ... city or town
(e) Died in a Home ... Hospital ✓ Institution ... Other place ...
(f) Name Hosp. or Inst. Dan Latimer Stayed 6 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ✓ Outside? ... city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? ... years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Baby Sayler (Donna Kay)

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) Sept 18 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation — Did this work for — yrs.

10. Industry or Business — Date last worked

11. Birthplace Caldwell (City or town) Idaho (State or foreign country)

Father
12. Name Lloyd Sayler
13. Birthplace Osawkie (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Elsie Post
15. Birthplace Bellaire (City or town) Kansas (State or foreign country)

16. Informant's **OWN** Signature Lloyd Sayler and Address Caldwell Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-40 (Month) (Day) (Year)
(c) Place Canyon Hill - Caldwell

18. Funeral Director's **OWN** Signature T. W. Baker - Eckhart and Address Caldwell Idaho

19. (a) 9-18-40 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-18 1940
at 6 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from Sept 15 1940, to Sept 18 1940
I last saw her alive on Sept 15 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn — Duration
Due to Asphyxiation
Due to Prematurity
Due to —
Other conditions — (Include pregnancy within 3 months of death)

Where was disease first contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address [illegible] Date 9-19-40
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of W. W. Eakin Lic. No 285 at Caldwell on 9/18/40.
ADDITIONAL REMARKS

693-125014-751

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Nampa

No. 712-8th Ave S. St.

(If born in hospital or institution give name.)

RECEIVED OCT 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

301136

Registration District No. 362 State File No.

Prim. Registration District No. Local Registrar's No. 997

2. FULL NAME OF CHILD Robert James Williams

3. Sex	If plural births	6. Premature or Full term	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other — 5. Number, in order of birth —	Full term	yes	9-25, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ralph Orville Williams	18. Full maiden name Dorothy Pearson (Williams)
10. Residence (usual place of abode) (If non-resident, give place and State) 912-8th Ave So.	19. Residence (usual place of abode) (If non-resident, give place and State) 712-8 ave So Nampa
11. Color or race W. | 12. Age at last birthday 35 (years)	20. Color or race W. | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Kansas City, Kansas	22. Birthplace (city or place) (State or Country) Kansas City Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Inspector 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ..., 19.. | 17. Total time (years) spent in this work 17 yrs.	25. Date (month and year) last engaged in this work ..., 19.. | 26. Total time (years) spent in this work 11 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 7 months ~~or weeks~~ \| 30. Cause of stillbirth Eclampsia - Abruptio Placenta \| Before labor ~~During labor~~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at ... m. on the date above stated.
(~~Born Alive or~~ Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ..., ~~Midwife~~

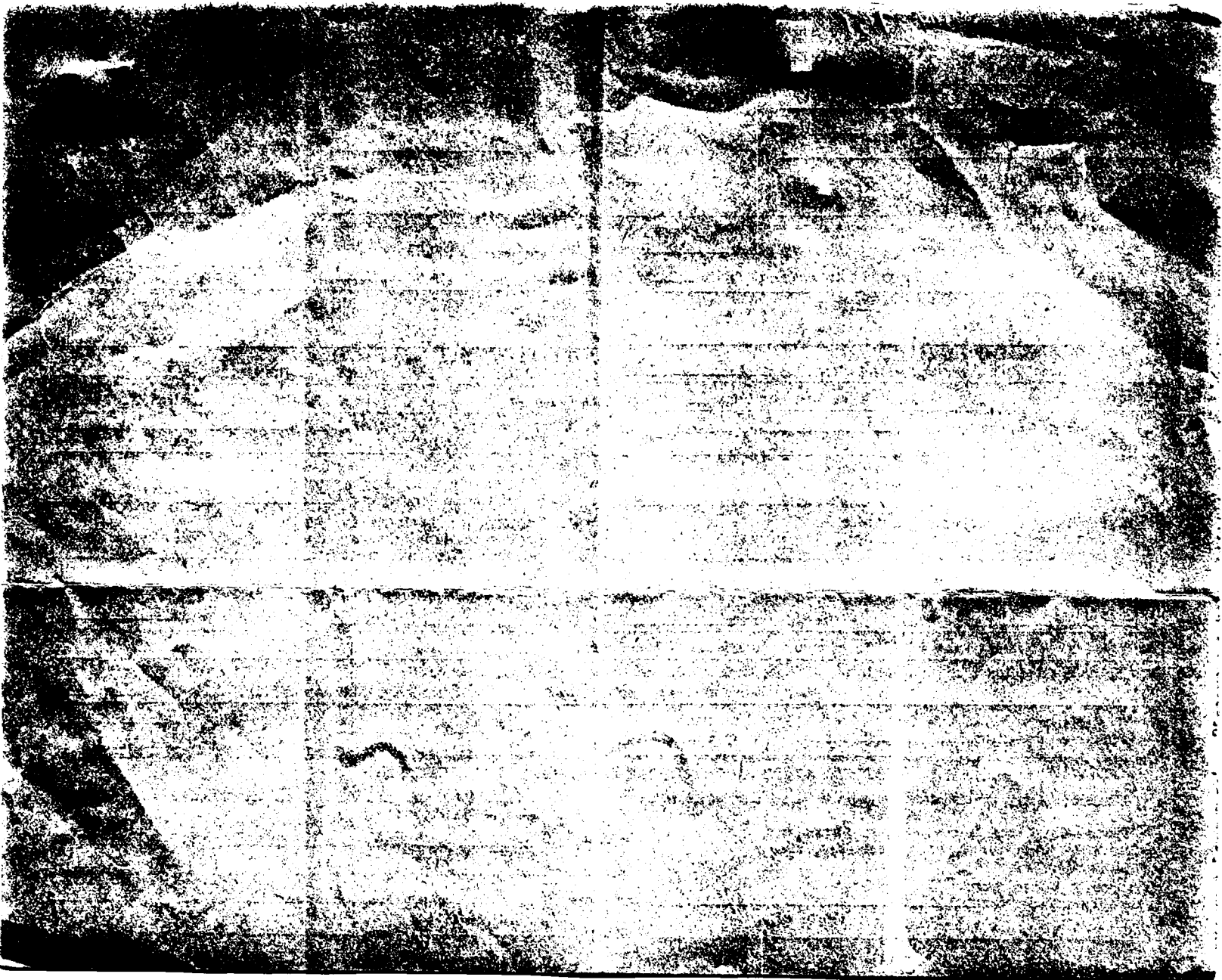
Address Nampa

Give name added from a supplemental report

(Date of)

Filed Oct-3 1940 Lyda Rodgers
Registrar.

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 121147
Local Reg. No. 165
Reg. Dist. No. 362

OCT 11 1940

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ~~Outside?~~ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Hospt Stayed days
(g) Lived in this county 0 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ~~Outside?~~ city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Not Named (Infant Son of Mr. & Mrs. Ralph Williams)

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 9-25-40

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	hrs — min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Nampa (City or town) Idaho (State or foreign country)

Father
12. Name Ralph Orion Williams
13. Birthplace Kansas City (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Dorothy G. Pearson
15. Birthplace Kansas City (City or town) Kansas (State or foreign country)

16. Informant's **OWN** Signature Ralph O Williams and Address Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-40 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature C. L. Robinson and Address Nampa Idaho
19. (a) Sept-28-1940 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-25 1940
at 5 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9-23 1940, to 9-25 1940
I ~~last saw~~ ~~him~~ alive on — 19— ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillbirth - Premature Labor (7 mo.) Abruptio Placenta	4 hrs.
Due to Edema of Larynx	2 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Nampa
Name of operation None Date —
Major finding —
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. L. Lowe M.D. (M. D. or other)
and Address Nampa Idaho Date 9-25-1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 899-222 033-289

County of Madison

City of Rigby

No. Harold B. Rigby Hospital St.

(If born in hospital or institution give name.)

RECEIVED OCT 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S

Registration District No. 630 State File No. 301137

Prim. Registration District No. 2178 Local Registrar's No. 241

2. FULL NAME OF CHILD

3. Sex F

If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth

6. Premature ✓ Full term

7. Legitimate? ✓

8. Date of birth 9/22/40, 193 (Month, Day, Year)

FATHER

9. Full name Y. Hirai

10. Residence (usual place of abode) (If non-resident, give place and State) Ex. Idaho

11. Color or race Japanese 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Japan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ..., 19...

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mrs. Yoshiko Shiotani Hirai (Japanese name)

19. Residence (usual place of abode) (If non-resident, give place and State) Rigby, Idaho

20. Color or race Japanese 21. Age at last birthday 38 (years)

22. Birthplace (city or place) (State or Country) Japan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ..., 19...

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 4% Argyrol

28. Number of children of this mother 8 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. B. Rigby, M. D.

or ..., Midwife

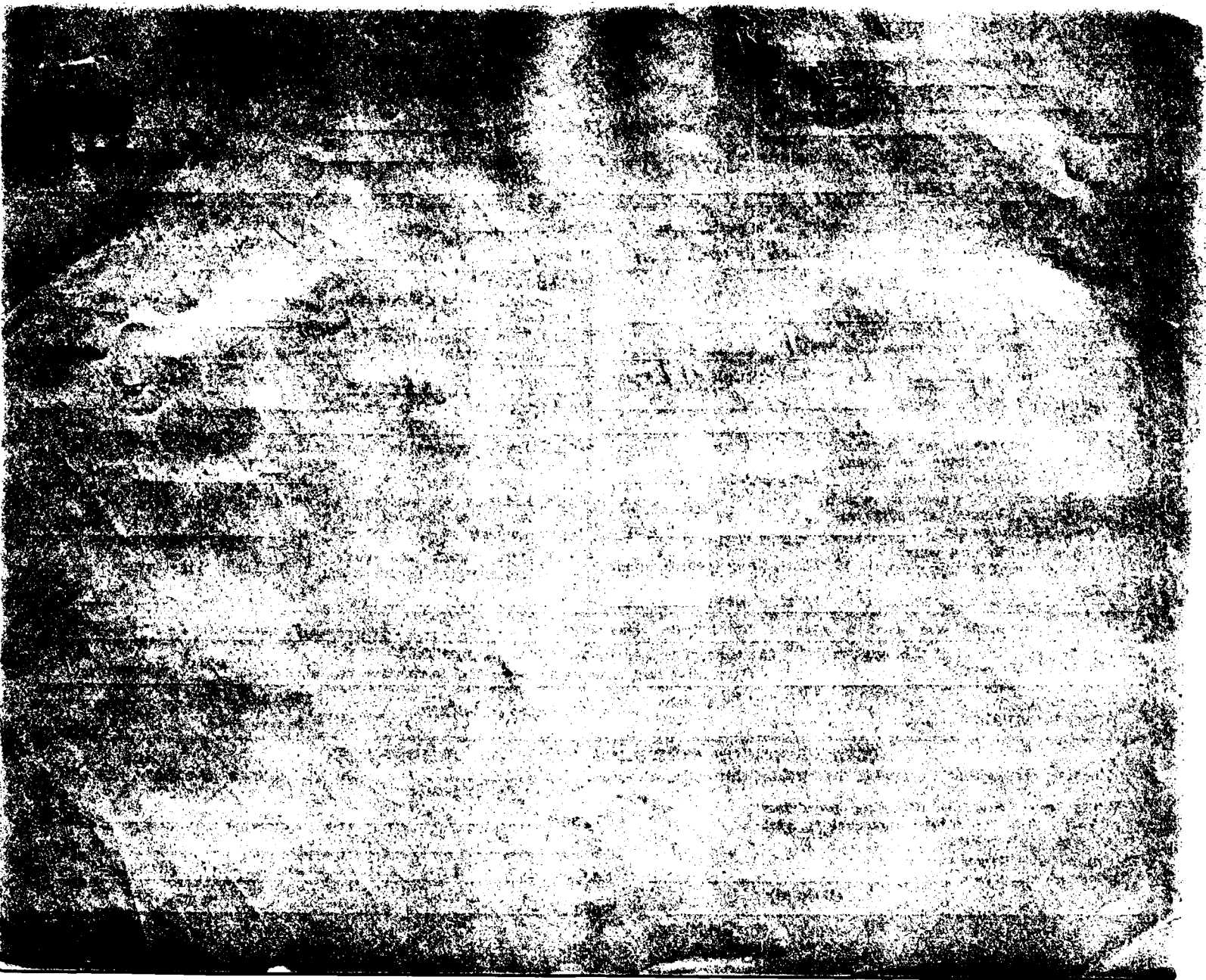
Address Rigby

Give name added from a supplemental report ...

(Date of) ...

Registrar.

Filed 10-9-, 1940 Mrs. H. Ferguson
Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 12114
Local Reg. No. 57
Reg. Dist. No. 630

1. PLACE OF DEATH:
(a) County Madison SEP 24 1940
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. N. B. Rigby Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these).
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Stillborn Hirai

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 22-1940

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Rexburg (City or town) (State or foreign country)

Father
12. Name Yuzo Hirai
13. Birthplace Japan (City or town) (State or foreign country)

Mother
14. Maiden name Yoshiko Shiomi
15. Birthplace Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature T. Hirai
and Address Rexburg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-40 (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's **OWN** Signature none
and Address
19. (a) 9-23-40 (Date received and filed) (b) Mrs. Haysing (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 22 1940
at —— o'clock P.M.

21. I **HEREBY CERTIFY**, That I attended deceased from Sept. 22, 1940, to Sept 22 1940
I last saw h— alive on —— 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillborn, 8 months
Gestation
Due to Eclampsia, 6 months, 1
Due to Ch. nephritis, Blood pressure 245/100
Other conditions Albumin +++
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature N. B. Rigby (M. D. or other)
and Address Rexburg Date Sept 24 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

25-12-1035-619

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 301138

RECEIVED
OCT 10 1940

Registration District No. 220 State File No.

Prim. Registration District No. 06 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St.
St. Joseph's Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Kelly

3. Sex: Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature x Full term

7. Legitimate? yes

8. Date of birth June 27, 1940 (Month, Day, Year)

FATHER

9. Full name: Ben Jr. Kelly

10. Residence (usual place of abode) (If non-resident, give place and State): Pomeroy Washington

11. Color or race: W | 12. Age at last birthday: 40 (years)

13. Birthplace (city or place) (State or Country): Pomeroy Washington

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: livestock

16. Date (month and year) last engaged in this work: present, 1940

17. Total time (years) spent in this work: 12 yrs

MOTHER

18. Full maiden name: Evelyn Ward

19. Residence (usual place of abode) (If non-resident, give place and State): Pomeroy Washington

20. Color or race: W | 21. Age at last birthday: 30 (years)

22. Birthplace (city or place) (State or Country): Pomeroy Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: present, 1940

26. Total time (years) spent in this work: 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation: 7th month. (months or weeks)

30. Cause of Stillbirth: During labor; Before labor 7 months of pregnancy

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) Ralph W. Dow, M. D.

or Midwife

Address Pomeroy, Washington

Filed Filed Sept 12, 1940, 193

Registrar. Patricia Burke Registrar.

PRINT PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 12143
Local Reg. No.
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce OCT 10 1940
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital or Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Garfield
(c) City or town Pomeroy
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Kelly

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex m
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 27, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Still Born			hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name Ben J. Kelly
13. Birthplace Pomeroy, Washington (City or town) (State or foreign country)

Mother
14. Maiden name Evelyn Lord
15. Birthplace Pomeroy, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ben J. Kelly
and Address Pomeroy, Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/28/40 (Month) (Day) (Year)
(c) Place: Pomeroy, Wn
18. Funeral Director's **OWN** Signature W. J. Murchant
and Address Garfield, Washington
19. (a) July 1, 1940 (Date received and filed) (b) Mabel Bm Thurston Registrar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 27, 1940
at o'clock M.

21. I **HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Premature

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ralph W. Sweet M.D.
and Address Pomeroy, Wash. (M. D. or other) Date 6-27-1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12-1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

713-209-035363

RECEIVED
OCT 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 501139

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St. Joseph's Hospital St.
(If born in hospital or institution give name.)

Registration District No. 220 State File No.
Prim. Registration District No. 96 Local Registrar's No.

2. FULL NAME OF CHILD Victoria Lee Galles

3. Sex: Female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term yes
7. Legitimate? yes
8. Date of birth 9/9/40 1938 (Month, Day, Year)

FATHER

9. Full name: Clement Francis Galles
10. Residence (usual place of abode) Lewiston, Idah (If non-resident, give place and State)
11. Color or race: white
12. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Great Falls Montana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: at present, 1940
17. Total time (years) spent in this work: 2½ yrs

MOTHER

18. Full maiden name: Joyce Henrietta Collins
19. Residence (usual place of abode) (If non-resident, give place and State): Lewiston Idaho.
20. Color or race: white
21. Age at last birthday: 20 (years)
22. Birthplace (city or place) (State or Country): Whitefish, Montana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: at home
25. Date (month and year) last engaged in this work: at present 1940
26. Total time (years) spent in this work: 2½ yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation: months or weeks
30. Cause of stillbirth: Hydrocephalus — Before labor / During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn 8:20 p.m. on the date above stated.
(Born Alive or Stillborn)

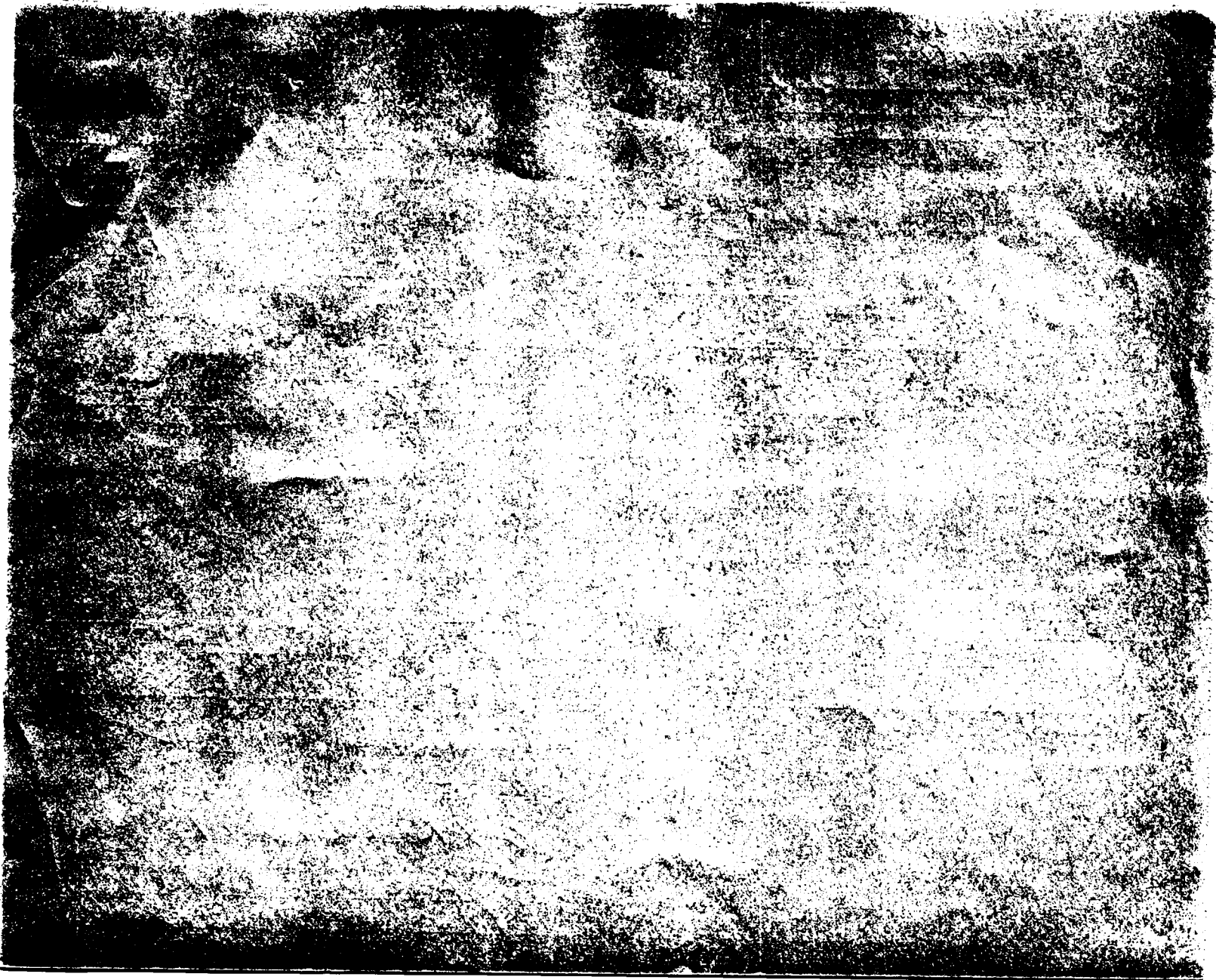
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. G. Breedlove, M. D.
or , Midwife
Address Lewiston Idaho

Give name added from a supplemental report
(Date of)

Filed Oct 7, 1940 Patricia Burke Deputy Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121150
Local Reg. No.
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County NezPerce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 620-8Ave
(d) Death Occurred Inside? In Outside? ....city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. St Joseph Hos. Stayed.....days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? In Outside? ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? ....years
(h) Former residence (city, state)

3. (a) **FULL NAME** Victoria Lee Galles

3. (b) If veteran, name war No
3. (c) Social Security No No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive ....years
7. Date of Birth (Month, Day, Year) Sept 9, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation Infant baby — Did this work for ....yrs.
10. Industry or Business — Date last worked
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Father
12. Name Francis C. Galles
13. Birthplace Havre (City or town) Mont. (State or foreign country)

Mother
14. Maiden name Joyce H. Collins
15. Birthplace Whitefish (City or town) Mont. (State or foreign country)

16. Informant's **OWN** Signature X S W Collins
and Address Lewiston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10, 1940 (Month) (Day) (Year)
(c) Place: Lewiston Idaho
18. Funeral Director's **OWN** Signature Brower Wann Co. Roy M Grim
and Address Lewiston
19. (a) Sept 24 1940 (Date received and filed) (b) Virginia Burke (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 9, 1940 19....
at 9:20 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from Sept 9 1940 to Sept 9 1940
I last saw h..... alive on Sept 9 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hydrocephalis — Duration
Due to not known
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted Lewiston Idaho (PHYSICIAN)
Name of operation none Date
Major finding
Finding of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ....Suicide? ....Homicide? ....
Occurred ....19.... City, county, state where violence occurred
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury

23. Attendant's **OWN** Signature Ewe Brandstedt (M. D. or other)
and Address Lewiston Idaho Date 9-23 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

855-12-035-962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 25 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 301140

Registration District No. 221 State File No.

Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lapwai, Idaho.
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Oliver Henry, Jr.

3. Sex Male | If plural births: 4. Twin, triplet, or other - 5. Number, in order of birth - | 6. Premature No. Full term Yes. | 7. Legitimate? Yes. | 8. Date of birth Sept. 21, 1940 (Month, Day, Year)

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Oliver Francis Henry,	Marion Frances Robinson,
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Lapwai, Idaho	Lapwai, Idaho
11. Color or race / 20.	½ Indian	½ Indian
12. Age at last birthday (years) / 21.	22	21
13. Birthplace (city or place) (State or Country) / 22.	Cul de Sac, Idaho.	Omaha, Nebraska.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Laborer.	Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.	CCCID .	Home.
16. Date (month and year) last engaged in this work / 25.	Sept. 40, 19	Sept. 40, 19
17. Total time (years) spent in this work / 26.	3 yrs.	3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No.

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 months. { months or weeks

30. Cause of Stillbirth { During labor Prolapsed Cord. Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born (Born Alive or Stillborn) at 5:30 pm on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. W. Morrow, M. D.

or ....., Midwife

Address Lapwai, Idaho.

Give name added from a supplemental report ..... (Date of)

Filed Sept 30, 1940 Patricia Burke Deputy Registrar.

Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 12115
Local Reg. No. —
Reg. Dist. No. 22

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lapwai,
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? — Outside? yes city or town
(e) Died in a Home — Hospital — Institution — Other place ✓
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lapwai
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? — Outside? ✓ city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Oliver Henry Jr.

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race White Indian 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife —

6 (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) September 21, 1940.

8. **AGE**

Years	Months	Days	If less than 1 day
—	—	—	hrs — min.

9. Exact Occupation — Did this work for — yrs.

10. Industry or Business — Date last worked —

11. Birthplace Lapwai, Idaho
(City or town) (State or foreign country)

Father
12. Name Oliver Francis Henry
13. Birthplace Cul-de-Sac, Idaho.
(City or town) (State or foreign country)

Mother
14. Maiden name Marion Frances Robinson
15. Birthplace Omaha, Nebraska
(City or town) (State or foreign country)

16. Informant's **OWN** Signature Marion Henry
and Address Lapwai Box 1 Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22. 40. (Month) (Day) (Year)
(c) Place: Jacque's Store, Ida.

18. Funeral Director's **OWN** Signature Brown-Wenn Co By L. B. Wenn
and Address Lewiston Idaho

19. (a) Oct 7, 1940 (Date received and filed) (b) Patricia Burke Deputy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 21 1940
at 5:30 o'clock P. M.

21. I **HEREBY CERTIFY,** That I attended deceased from Sept. 21, 1940, to — 19—
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	9-21-40
Due to Prolapsed Cord	9-21-40
Due to Marginal Placenta	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature Dr. C. W. Morrow (M. D. or other)
and Address Lapwai, Ida. Date 9-22 1940

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia, generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

267-227
035-417

RECEIVED
OCT 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 301141

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. ____ St. St. Joseph's Hospital
(If born in hospital or institution give name.)

Registration District No. 920 State File No. ____
Prim. Registration District No. 96 Local Registrar's No. ____

2. FULL NAME OF CHILD Baby Girl Bogle

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth 9/27/40 (Month, Day, Year)

FATHER

9. Full name Orval ~~Orville~~ William Bogle
10. Residence (usual place of abode) Lewiston, Idaho (If non-resident, give place and State) ____
11. Color or race White 12. Age at last birthday 25 (years)
13. Birthplace (city or place) ____ (State or Country) Arkansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work at present, 1940
17. Total time (years) spent in this work 1 yr

MOTHER

18. Full maiden name Arlene Marie Daggett
19. Residence (usual place of abode) Lewiston, Ida. (If non-resident, give place and State) ____
20. Color or race White 21. Age at last birthday 18 (years)
22. Birthplace (city or place) Dayton, (State or Country) Wash

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
25. Date (month and year) last engaged in this work at present, 1940
26. Total time (years) spent in this work 9 mos

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. J. McRae, M. D.
or ____, Midwife
Address Lewiston Idaho

Give name added from a supplemental report ____ (Date of) ____

Filed Oct 7, 1940 Patricia Burke Registrar.
Deputy Registrar.



121152

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121152
Local Reg. No.
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Infant Daughter Mr. Mrs. Orville Bogle

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) September 27, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs 0 min.

9. Exact Occupation none — Did this work for — yrs.
10. Industry or Business none — Date last worked —
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Father
12. Name Orville Bogle
13. Birthplace (City or town) Arkansas (State or foreign country)

Mother
14. Maiden name Arlene Daggett
15. Birthplace Starbuck, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature Orval Bogle
and Address Lewiston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-40 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vassar-Rawlsco
and Address Lewiston Idaho
19. (a) Sept 30 1940 (Date received and filed) (b) Patricia Burke (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 27, 1940
at 1:20 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9-27 1940 to 9-27 1940
I last saw h alive on Still born 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Premature Separation of Placenta — 9-27-40
Due to (UNKNOWN)
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Where was disease first contracted? —
Name of operation — Date
Major finding —
Finding of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry
Public Place — While at work?
Means of injury —

23. Attendant's **OWN** Signature W. W. McRae M.D.
and Address Lewiston Ida (M. D. or other) Date 9-30 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia, generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 742-

County of Teton

City of Driggs

No. ____ St.

(If born in hospital or institution give name.)

RECEIVED OCT 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 301142

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Stillborn

3. Sex MALE | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature X Full term ____ | 7. Legitimate? YES | 8. Date of birth Sept 7, 1940 (Month, Day, Year)

FATHER

9. Full name Victor Leon Gustafson

10. Residence (usual place of abode) (If non-resident, give place and State) Driggs Idaho

11. Color or race White | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Smithfield, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work 4 Years

MOTHER

18. Full maiden name Ila Gertrude Harriman

19. Residence (usual place of abode) (If non-resident, give place and State) Driggs, Idaho

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Canyon View, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) Five
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn 2

29. If stillborn, period of gestation 5 months { months or weeks

30. Cause of Stillbirth Due to Fall { During labor ____ Before labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 2:30 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) V. L. Gustafson, Father

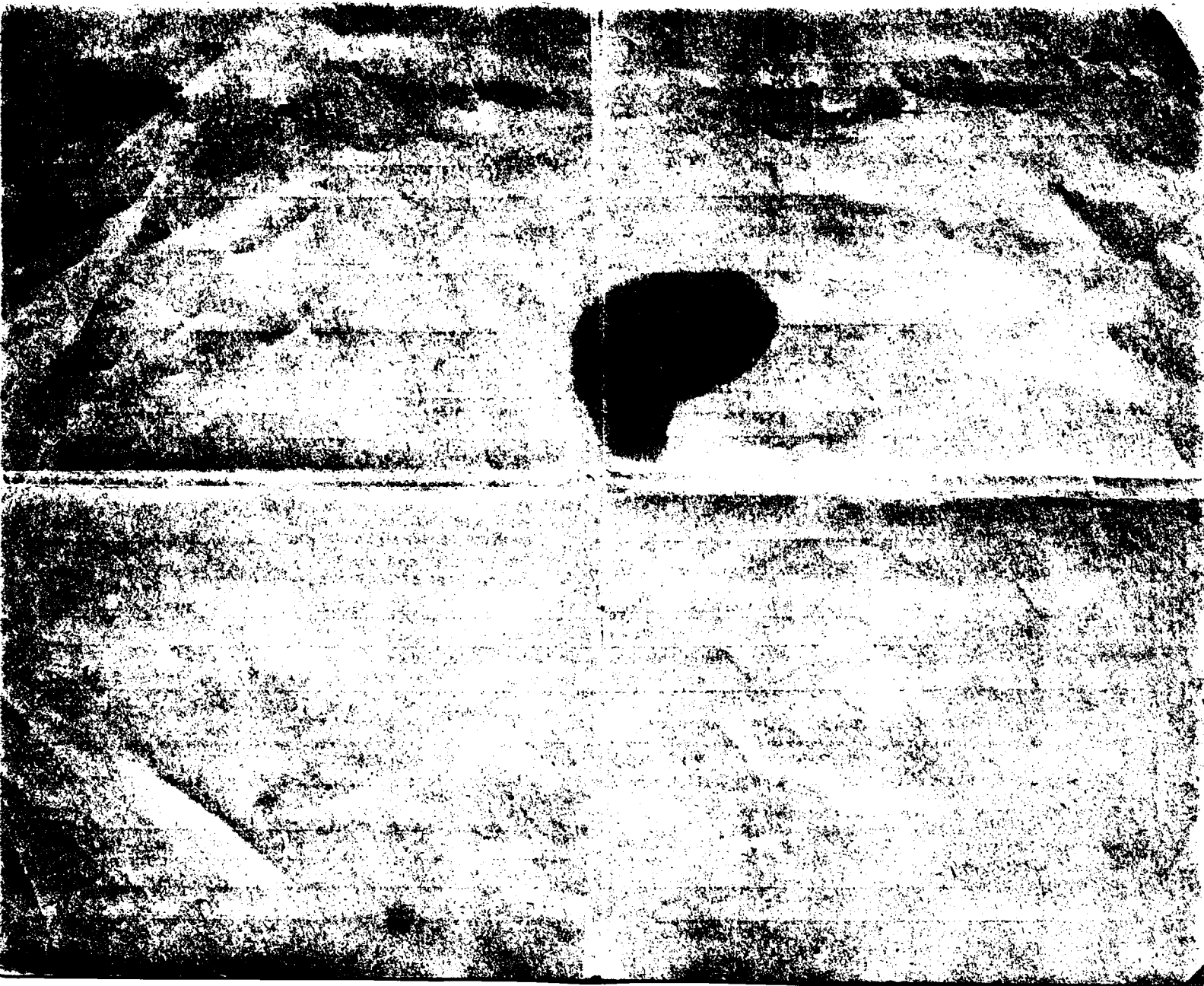
or ____, Midwife

Address Driggs, Idaho

Filed October 9, 1940 Florence Davidson

Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121153
Local Reg. No. 20
Reg. Dist. No. 620

1. **PLACE OF DEATH:**
(a) County Teton
(b) City or town Driggs OCT 1 1940
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** [redacted]n Stillborn

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 7, 1940

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Driggs, Idaho (City or town) (State or foreign country)

Father
12. Name Victor L. Gustafson
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Ida G. Harriman
15. Birthplace Canyon View, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Victor L. Gustafson
and Address Driggs, Idaho
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Sept. 7, 1940 (Month) (Day) (Year)
(c) Place: At Home
18. Funeral Director's **OWN** Signature Victor Gustafson
and Address Driggs Idaho
19. (a) October 9, 1940 (Date received and filed) (b) Florence Davidson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 7, 1940
at 12:30 o'clock PM.

21. I **HEREBY CERTIFY**, That I attended deceased from ....19...., to ....19....
I last saw h.... alive on ....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

According to the information
furnished by the father of this
~~xxxx~~ child, it was STILLBORN
at 5 months gestation
~~xxxxxxxxxx~~ probably due to a fall by
~~xxxxxxxxxx~~ the mother.
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ....19.... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [redacted] M. D.
(COUNTY HEALTH OFFICER or other)
and Address Driggs, Idaho Date Oct 9 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* *1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 301143

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. [illegible] St. County General Hospital
(If born in hospital or institution give name.)

RECEIVED OCT 1 1940

Registration District No. 461 State File No.
Prim. Registration District No. Local Registrar's No. 568

2. FULL NAME OF CHILD Gertrude Miriam Wonacott

3. Sex: Female
If plural (born): 4. Twin, triplet, or other: ✓ 5. Number, in order of birth: ✓
6. Premature: Full term: Yes
7. Legitimate? Yes
8. Date of birth: 9-1, 1940 (Month, Day, Year)

FATHER

9. Full name: George W. Wonacott
10. Residence (usual place of abode): R.1 (If non-resident, give place and State): Kimberly Ida
11. Color or race: W
12. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or Country): Myrtle Creek Oregon

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Rented farm
16. Date (month and year) last engaged in this work: present, 1940
17. Total time (years) spent in this work: 8 yr

MOTHER

18. Full maiden name: Claribel Lucile Walter
19. Residence (usual place of abode): R.1 (If non-resident, give place and State): Kimberly Ida
20. Color or race: W
21. Age at last birthday: 36 (years)
22. Birthplace (city or place) (State or Country): Orrville Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: present, 1940
26. Total time (years) spent in this work: 15 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: 4. (At time of this birth and including this child) (a) Born alive and now living: 3 (b) Born alive but now dead: 0 (c) Stillborn: 1

29. If stillborn, period of gestation: { months or weeks
30. Cause of Stillbirth: { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 6 P.M. on the date above stated. 40

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) Edward T. Rees M.D.
or Midwife
Address Twin Falls Idaho

Filed 10-7, 1940

Registrar.

Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121154
Local Reg. No. 195
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T. F. Co. Gen. Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Gertrude Miriam Wonacott

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 1, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Twin Falls, (City or town) Idaho (State or foreign country)

Father
12. Name George W. Wonacott
13. Birthplace Myrtle Creek, (City or town) Oregon (State or foreign country)

Mother
14. Maiden name Claribel Walter
15. Birthplace Orville, (City or town) Ohio (State or foreign country)

16. Informant's **OWN** Signature Geo. W. Wonacott
and Address Kimberly, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/40 (Month) (Day) (Year)
(c) Place: Filer I.O.O.F. Cemetery
18. Funeral Director's **OWN** Signature Reynolds Funeral Home
and Address Twin Falls Idaho
19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) September 1, 1940
at 6:45 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from ~~19 — 9 — 1 —~~ 1940
I last saw h. o. r. ~~she~~ on 9/1/ 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn — Duration —
Due to Unknown
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ellwood A. Rees (M. D. or other)
and Address Twin Falls, Ida Date 9/2/ 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 301144

RECEIVED
OCT 11 1940

1. PLACE OF BIRTH
County of Twin Falls
City of Filer, Idaho
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. 461 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 582

2. FULL NAME OF CHILD Baby William Leighton Stutzman

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Sept 7, 1940 (Month, Day, Year)

FATHER

9. Full name William Leyton Stutzman
10. Residence (usual place of abode) (If non-resident, give place and State) Filer, Ida
11. Color or race White | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Schuyler, Nebr.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Ada Fern Stutzman
19. Residence (usual place of abode) (If non-resident, give place and State) Filer, Ida
20. Color or race White | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Woodriver, Nebr.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 9 months ~~or weeks~~
30. Cause of stillbirth Dystocia { Before labor ____ During labor Breech

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

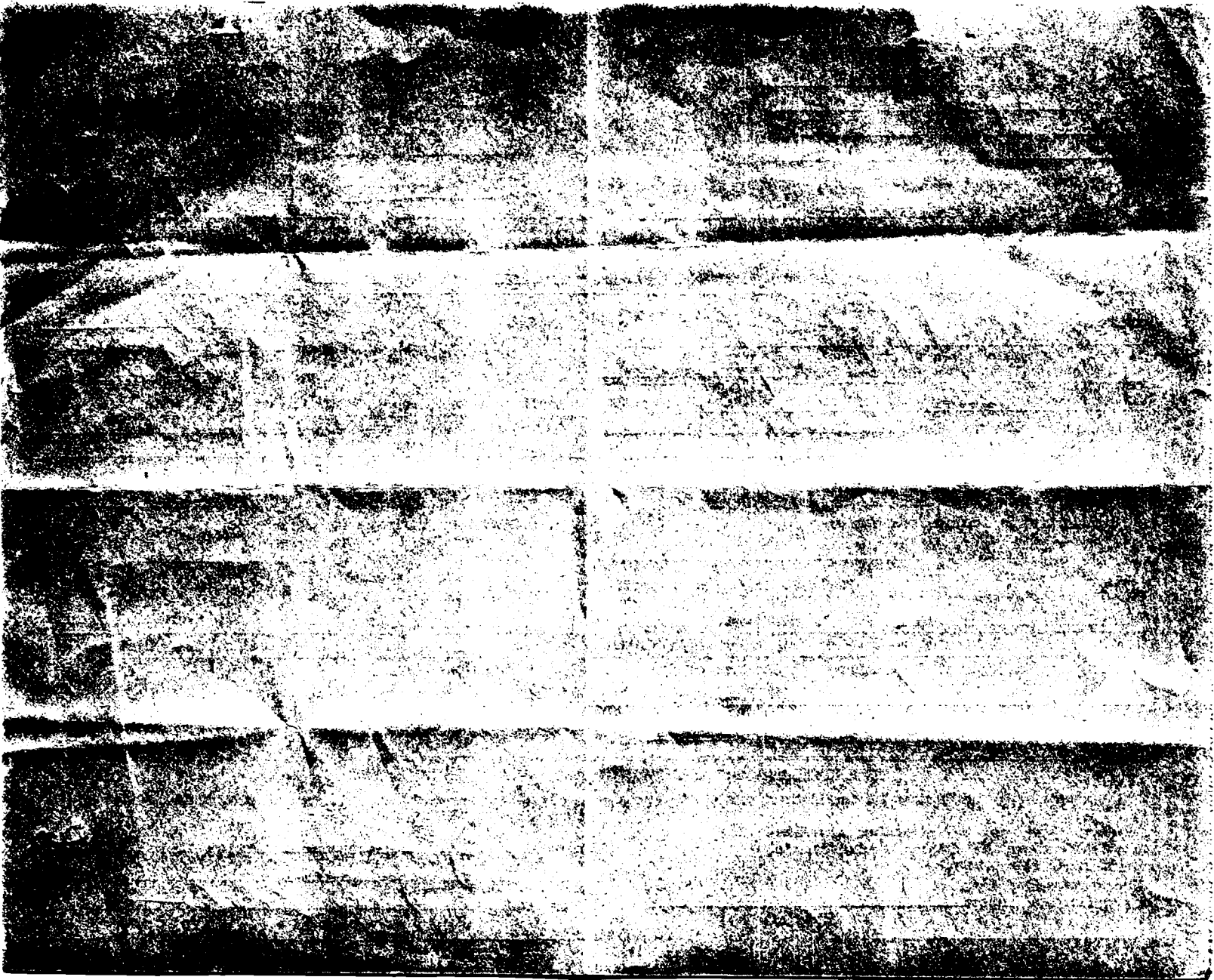
I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 7:18 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) D. E. Miller, M.D.
or ____ Physician, Midwife
Address Twin Falls, Idaho
Filed Oct 14 1940 193____

Registrar.
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

RECEIVED OCT 11 1940

State File No. 121155
Local Reg. No. 206
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Filer
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. -- Stayed - days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. - yrs. Citizen of U. S.? -
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) --

3. (a) **FULL NAME** Baby Willard Stutzman

3. (b) If veteran, name war -- 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -- 6 (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) September 7, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	0	0		

9. Exact Occupation Infant — Did this work for - yrs.
10. Industry or Business At home — Date last worked -
11. Birthplace Filer (City or town) Idaho (State or foreign country)

Father
12. Name Willard L. Stutzman
13. Birthplace Shickley (City or town) Nebraska (State or foreign country)

Mother
14. Maiden name Arla Stutzman
15. Birthplace Weed River (City or town) Nebraska (State or foreign country)

16. Informant's **OWN** Signature Willard L. Stutzman and Address Filer Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 9 40 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature L. C. Rullins and Address Twin Falls, Idaho
19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 7 19 40 at 7:00 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from ---- 19---, to ---- 19---
I last saw h--- alive on ---- 19---; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia Neonatorum — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted? — PHYSICIAN
Name of operation — Date
Major finding
Finding of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Dr. Rullins DO
and Address Twin Falls Idaho (M. D. or other) Date Sept. 10 19 40
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of A. C. Phillips Lic. No. E263 at Twin Falls on 9-8-40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. R 3 St.
(If born in hospital or institution give name.)

RECEIVED
OCT 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH S 301145

Registration District No. 320 State File No.
Prim. Registration District No. Local Registrar's No. 41

2. FULL NAME OF CHILD Jackie Bratcher

3. Sex male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term 1
7. Legitimate? yes
8. Date of birth Sept 26, 1940 (Month, Day, Year)

FATHER
9. Full name Harley James Bratcher
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser Ida
11. Color or race W | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Idaho
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer
16. Date (month and year) last engaged in this work Sept 19, 1940
17. Total time (years) spent in this work 1 yr.

MOTHER
18. Full maiden name Verda May Flowers
19. Residence (usual place of abode) (If non-resident, give place and State) Weiser Ida
20. Color or race W | 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Penn
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work Sept 23, 1939
26. Total time (years) spent in this work 19 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? X

28. Number of children of this mother . (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 8½ mo (months or weeks)
30. Cause of stillbirth Placenta Abruptio (Before labor Yes, During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 1:30 p.m. on the date above stated.

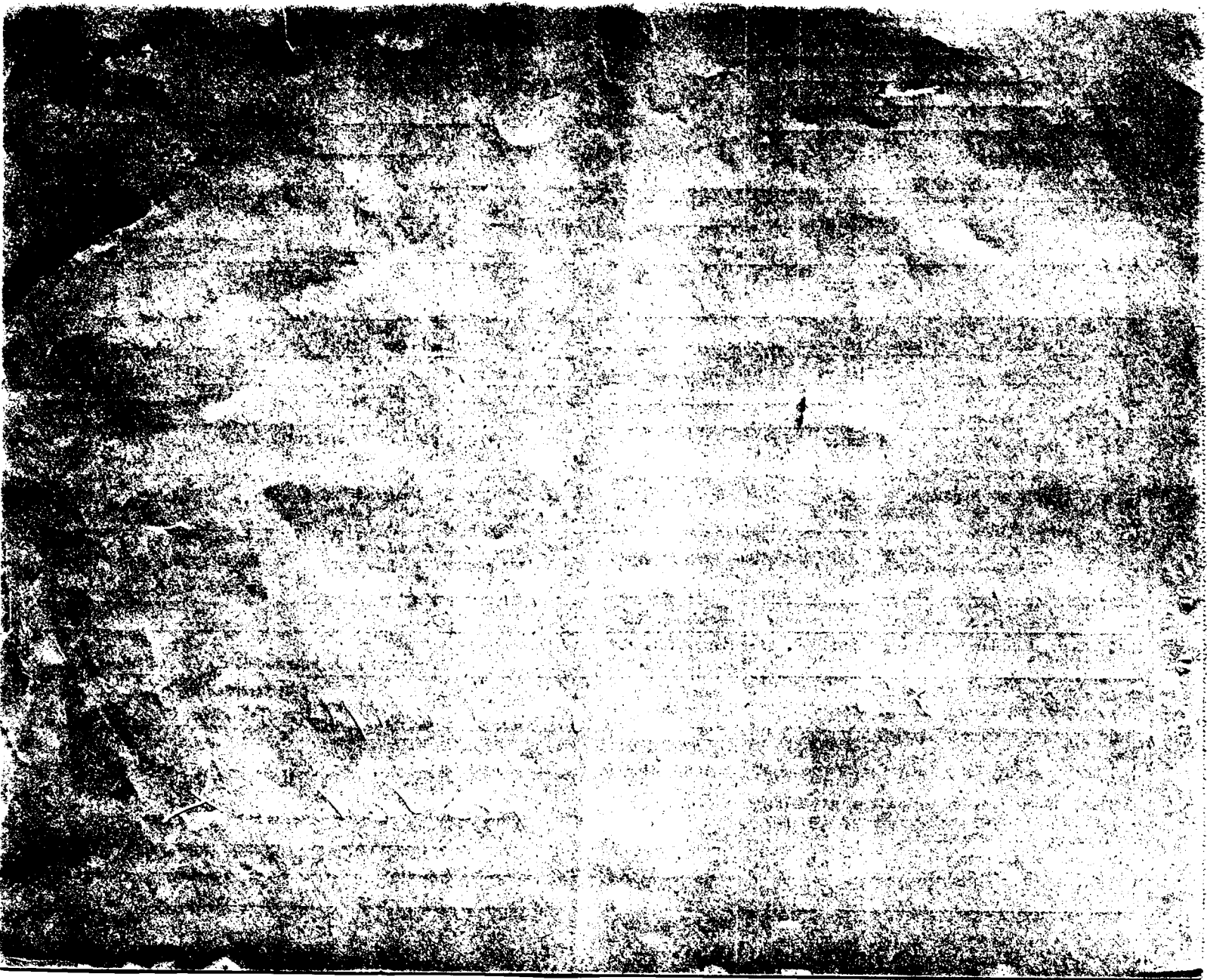
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) F A Schmidt, M. D.
or , Midwife
Address Weiser Idaho

Filed 10/3/40, 1940 Marie Hawthorne
Registrar.

Registrar.



121156

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 720

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser
(c) ~~Street~~ Address or R. F. D. No. 3
(d) Death Occurred ~~Inside?~~ Outside? city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R. F. D. No. 3
(e) Deceased lived ~~Inside?~~ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Jackie Bratcher

3. (b) If veteran, name war —
3. (c) Social Security No. —
5. Color or race wht
6. (a) Single, widowed, married, divorced —
4. Sex M
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 9-26-1940 Stillborn

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	—	—	—		

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Weiser (City or town) Idaho (State or foreign country)

Father
12. Name Harley Bratcher
13. Birthplace Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Vida May Davis
15. Birthplace Tennessee (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harley Bratcher
and Address Weiser Ida.
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9-29-1940 (Month) (Day) (Year)
(c) Place: Weiser Idaho
18. Funeral Director's **OWN** Signature L. L. Norton
and Address Weiser Idaho
19. (a) 9/26/1940 (Date received and filed) (b) Marie Hawthorne (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 26 1940
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19..., to 19...
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Still Born.
Due to Placenta Abruptio
Due to Asphyxia
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. A. Schramm M.D.
(M. D. or other)
and Address Weiser Date 9-26 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

212 230001619

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 15 1940

CERTIFICATE OF BIRTH S 302783

1. PLACE OF BIRTH
County of Ada
City of Boise Idaho
No. ____ St. St Alphonsus Hospital
(If born in hospital or institution give name.)

Registration District No. 370 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 840

2. FULL NAME OF CHILD Diana Baker

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
F		1	Full term	Yes	9-30-40, 193

FATHER	MOTHER
9. Full name: Jess Baker	18. Full maiden name: Grace Harden
10. Residence (usual place of abode) (If non-resident, give place and State): 322 Michigan Ave Boise Ada Co Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Same
11. Color or race: W	12. Age at last birthday: 33 (years)
20. Color or race: W	21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Boise Idaho	22. Birthplace (city or place) (State or Country): Camas Prairie Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Central Oil Co	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Ind Co	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: To date, 1941	17. Total time (years) spent in this work: ?
25. Date (month and year) last engaged in this work: To date, 1940	26. Total time (years) spent in this work: 10yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: 1 (At time of this birth and including this child) (a) Born alive and now living: 1 (b) Born alive but now dead: ____ (c) Stillborn: 1

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: During labor: ____ Before labor: ?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 8 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

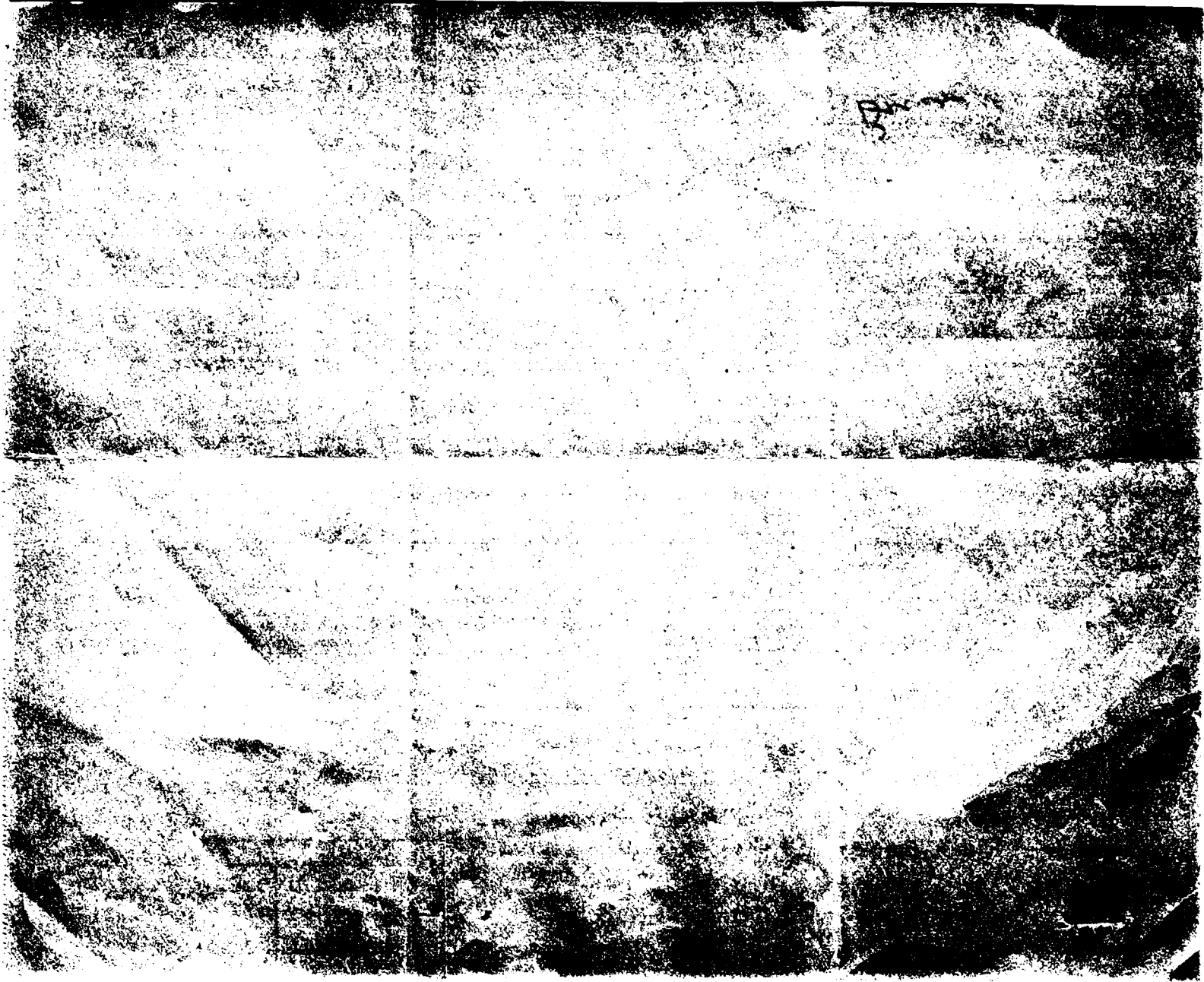
(Signed) S. H. Jelsel, M. D.

or ____, Midwife

Address Boise

Filed OCT 15 1940, 193 R. Sharp Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

RECEIVED STATE OF IDAHO

State File No. 121588
Local Reg. No. 286
Reg. Dist. No. 370

1. **PLACE OF DEATH:** NOV 15 1940
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No. 1312 Michigan St.
   (d) Death Occurred Inside? x Outside? ..... city or town
   (e) Died in a Home ..... Hospital x Institution ..... Other place .....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed ..... days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R. F. D. No. 1312 Mich:
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Baker

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept 30th. 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	Stillborn hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Jess Baker
13. Birthplace Boise Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Grace Warden
15. Birthplace Hill City Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jess Baker and Address 1312 Michigan St. Boise Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/1940 (Month) (Day) (Year)
    (c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann and Address Boise
19. (a) 10-1-40 (Date received and filed) (b) R. Shreeve (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 30 1940 at .....o'clock 10 A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
    I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth 6 months.	
Due to Mother developed eclampsia	
Due to Albuminuria	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of [redacted]: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature H. A. Koelsch (M. D. or other)
    and Address Boise Date 10/1 1940
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 245). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia*; *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of [illegible] Lic. No [illegible] at Boise on 7-5-45
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 302784

RECEIVED NOV 15 1940

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 640 E. 7th Ave. N. St.
St. Anthony Mercy
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. 6-11 Local Registrar's No. 610

2. FULL NAME OF CHILD Stillborn Blakely

3. Sex Male
If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes
7. Legitimate? yes
8. Date of birth 10-9, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Howard Wakely	18. Full maiden name Violet Viola Martin
10. Residence (usual place of abode) (If non-resident, give place and State) Downey, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Downey, Idaho
11. Color or race White | 12. Age at last birthday 31 (years)	20. Color or race White | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Downey, Idaho	22. Birthplace (city or place) (State or Country) Swanlake, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad Watchman	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife
16. Date (month and year) last engaged in this work July, 1937 | 17. Total time (years) spent in this work 3 yrs.	25. Date (month and year) last engaged in this work April, 1928 | 26. Total time (years) spent in this work 12 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 25%.

28. Number of children of this mother (At time of this birth and including this child)
three.
(a) Born alive and now living two (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

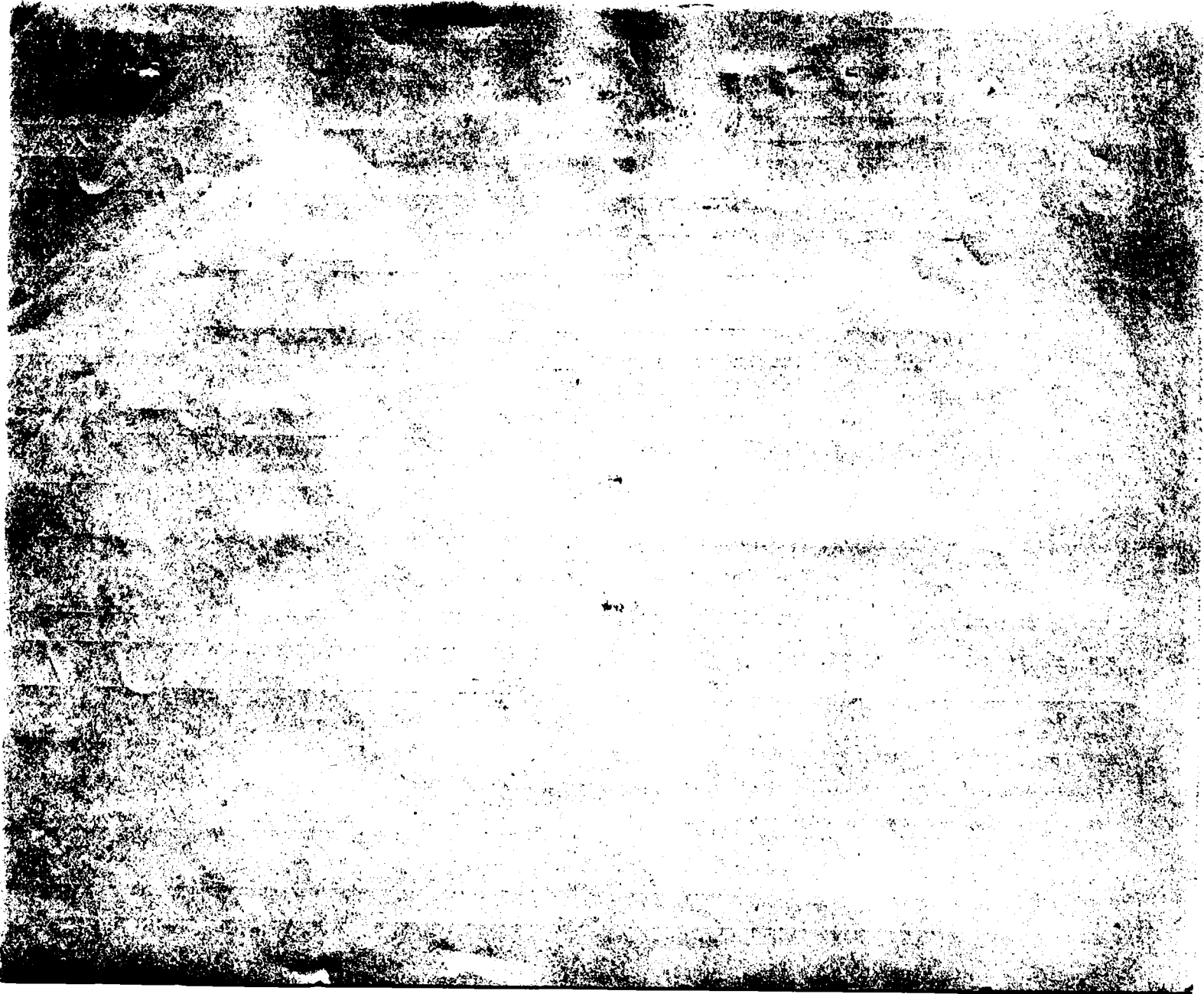
I hereby certify that I attended the birth of this child, who was Stillborn at 11:37 A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)
_____ Registrar.

(Signed) J. F. Hartwig, M. D.
or _____, Midwife
Address Pocatello, Ida.

Filed 11-1-40, 193... L. C. Ray Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

NOV 7 1940

State File No. 12158
Local Reg. No. 226
Reg. Dist. No. 511

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650 N. 7th. Ave.
(d) Death Occurred Inside? X Outside? --- city or town
(e) Died in a Home --- Hospital X Institution --- Other place ---
(f) Name Hosp. or Institution St. Anthony Hospital Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Downey
(d) Street Address or R. F. D. No. Downey, Idaho.
(e) Deceased lived Inside? --- Outside? X city or town
(f) If foreign born, in U. S. --- yrs. Citizen of U. S.? ---
(g) How long had deceased lived in Idaho? ------- years
(h) Former residence (city, state) ---

3. (a) **FULL NAME** INFANT Wakley

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6 (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) October 9, 1940.

8. AGE	Years	Months	Days	If less than 1 day
	Still-born			hrs min.

9. Exact Occupation none — Did this work for ----- yrs.
10. Industry or Business none — Date last worked ------
11. Birthplace Pocatello, (City or town) Idaho. (State or foreign country)

Father
12. Name Howard Wakley
13. Birthplace Downey, (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Violet Viola Martin
15. Birthplace Swan Lake, (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature Howard Wakley and Address Downey, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11, 1940. (Month) (Day) (Year)
(c) Place: Downey, Idaho.
18. Funeral Director's **OWN** Signature Hall Mortuary by C. N. Hall and Address Pocatello, Idaho.
19. (a) Oct. 10. 1940. (Date received and filed) (b) D Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 9, 1940. at 12:15 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct - 9 - 1940 to Oct - 9 - 1940
I last saw h alive on Oct 7th 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Still Birth at Full Term	
Due to Congenital Atelactasis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. L. Harbigson, M.D. (M. D. or other)
and Address Pocatello, Idaho. Date 10/10/40.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 302706

1. PLACE OF BIRTH
County of Benewah
City of St Maries
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. 130 Local Registrar's No. 51

2. FULL NAME OF CHILD James Darwin Craney

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth 10-14, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Craney.	18. Full maiden name Ruth Yaney
10. Residence (usual place of abode) (If non-resident, give place and State) St Maries Ida	19. Residence (usual place of abode) (If non-resident, give place and State) St Maries Idaho
11. Color or race W | 12. Age at last birthday 25 (years)	20. Color or race W | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Eau Claire Wisc.	22. Birthplace (city or place) (State or Country) Atlanta Mich.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dozer Operator	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woods Road	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work 8-10, 1940	17. Total time (years) spent in this work 3
25. Date (month and year) last engaged in this work 10-1, 1940	26. Total time (years) spent in this work 3 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo. { months or weeks

30. Cause of Stillbirth Too Large baby. 14 lbs - Smell mother { During labor yes. Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (~~Born Alive~~ Stillborn) at 6.50 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) H E Patton, M. D.
or ____, Midwife
Address St Maries Idaho
Filed Nov. 9, 1940 Walter Boberg
Registrar.

Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121591
Local Reg. No. 17
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Bennewah
(b) City or town St. Maries
(c) Street Address or R. F. D. No. 1st & Jefferson
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bennewah
(c) City or town St. Maries
(d) Street Address or R. F. D. No. 1st & Jefferson
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Gilbert Baby Cooney

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced No
6. (b) Name of husband or wife No
6 (c) Age of husband or wife if alive No years
7. Date of Birth (Month, Day, Year) Oct. 14 - 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation None — Did this work for No yrs.
10. Industry or Business No — Date last worked No
11. Birthplace St. Maries (City or town) Idaho (State or foreign country)

Father
12. Name James Cooney
13. Birthplace Eau Claire (City or town) Wis. (State or foreign country)

Mother
14. Maiden name Ruth Gammie
15. Birthplace Alpena (City or town) Michigan (State or foreign country)

16. Informant's **OWN** Signature James Cooney and Address St. Maries
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-40 (Month) (Day) (Year)
(c) Place: St. Maries Ida.
18. Funeral Director's **OWN** Signature E. S. Stapleigh and Address St. Maries Ida.
19. (a) Nov 9-1940 (Date received and filed) (b) Walter Boberg (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10 - 14 1940
at 6 45 o'clock P M. or Before.
21. I **HEREBY CERTIFY**, That I attended deceased from 10 - 14 1940, to ..... 19.....
I ~~last~~ saw h. ~~him~~ alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Child Birth. - Small mother 1.3½ lb baby. - Version for
Due to delivery & prolapse cord
& long delivery
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease first contracted? ✓
Name of operation Child birth. Date 10-14-40
Major finding .....
Finding of autopsy None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓

23. Attendant's **OWN** Signature H. E. Patton.
and Address St. Maries Ida. (M. D. or other) Date 10-14 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannevile
City of Idaho Falls
No. Memorial Drive St.
L.D.S. Hospital
(If born in hospital or institution give name.)

RECEIVED OCT 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 302787

Registration District No. 610 State File No.
Prim. Registration District No. Local Registrar's No. 755

2. FULL NAME OF CHILD Stillbirth Campbell

3. Sex Boy | If plural births { 4. Twin, triplet, or other X / 5. Number, in order of birth X } | 6. Premature 1 month Full term | 7. Legitimate? Yes. | 8. Date of birth Oct. 7, 1940 (Month, Day, Year)

FATHER

9. Full name Adian Solomon Campbell
10. Residence (usual place of abode) (If non-resident, give place and State) 128 11th St Idaho Falls
11. Color or race W. | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Ogden, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hospital
16. Date (month and year) last engaged in this work Oct., 1940
17. Total time (years) spent in this work 8 yrs

MOTHER

18. Full maiden name Kathryn Marie McDermott
19. Residence (usual place of abode) (If non-resident, give place and State) 125 11th St Idaho Falls
20. Color or race W | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) McPherson - Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Oct, 1940
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother IV (At time of this birth and including this child) (a) Born alive and now living II (b) Born alive but now dead I (c) Stillborn I
29. If stillborn, period of gestation 8 months. { months or weeks }
30. Cause of Stillbirth { During labor / Before labor ✓ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 4:25 a. m. on the date above stated.

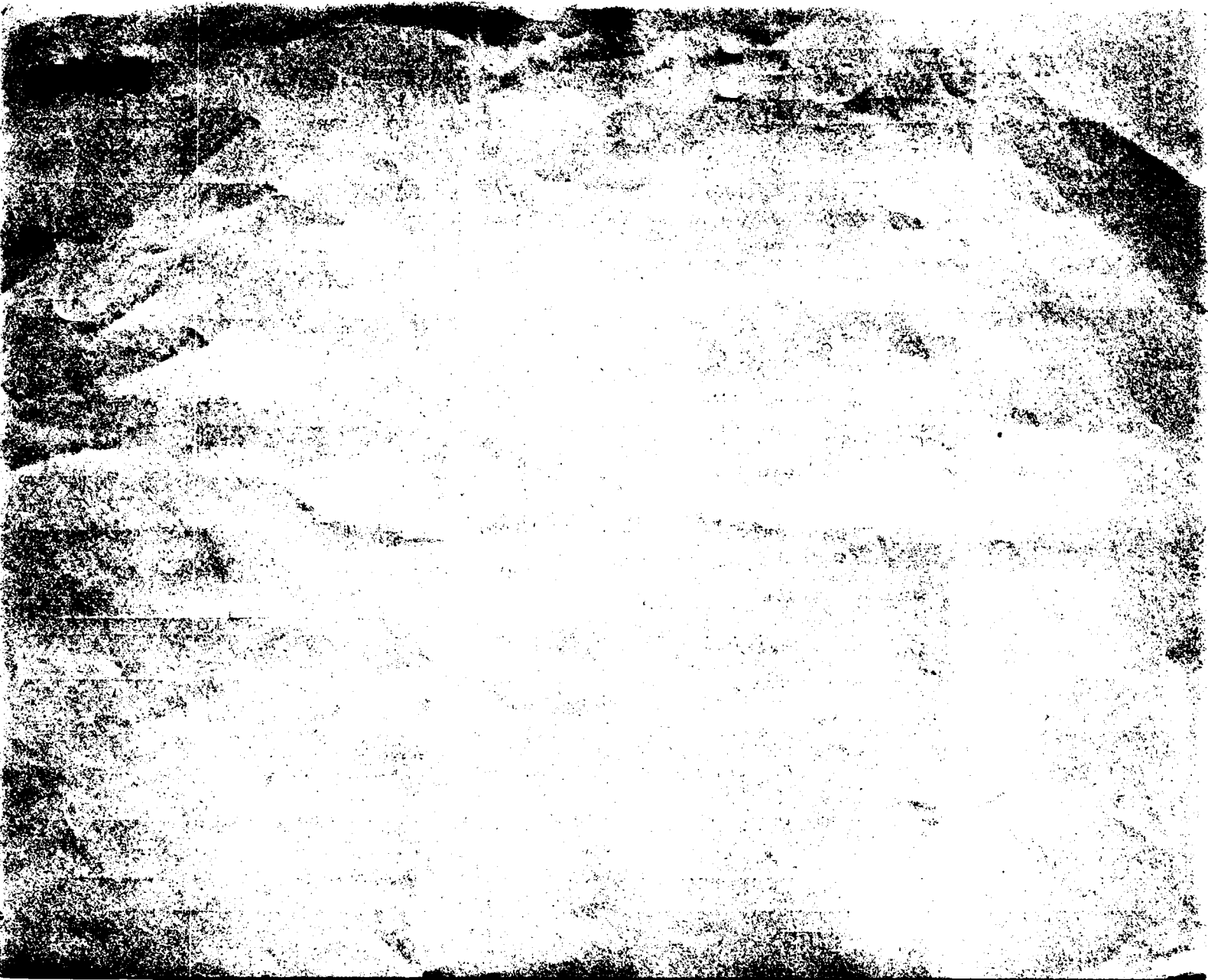
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) N. E. Dwyer, M. D.
or , Midwife
Address Idaho Falls Ida

Give name added from a supplemental report
(Date of)

Filed Oct. 16, 1940 Anna Bridges Registrar.

Gunyett Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121592
Local Reg. No. 192
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital....Institution, ...Other place ....
(f) Name Hosp. or Inst. L.D.S. Hospital Stayed ..... days
(g) Lived in this county ..... years Since birth months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Stillbirth Campbell

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male race W.
5. Color or
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Stillborn
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 7, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	Stillborn				

9. Exact Occupation Stillborn — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Adrian Soloman Campbell —
13. Birthplace Ogden, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Kathryn Marie McDermott
15. Birthplace McDonald — Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature ✕ Adrian S. Campbell
and Address 125 11th St. - Idaho Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/40 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls, Idaho
19. (a) Oct 7-40 (Date received and filed) (b) Owen Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 7 1940
at 4:25 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h Stillborn alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
.....	.....
.....	.....
Due to	.....
.....	.....
Due to	.....
Other conditions ..... (Include pregnancy within 3 months of death)	.....
.....	.....

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature V. E. Tingey (M. D. or other)
and Address ..... Date 10-7 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida.

No. L. D. S. Hosp. St.

Memorial Drive

(If born in hospital or institution give name.)

RECEIVED NOV 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 302788

Registration District No. 610 State File No.

Prim. Registration District No. Local Registrar's No. 763

2. FULL NAME OF CHILD Stillbirth Edwards

3. Sex Male | If plural births { 4. Twin, triplet, or other X / 5. Number, in order of birth X } | 6. Premature yes Full term | 7. Legitimate? yes | 8. Date of birth 10, 30, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Clifton B. Edwards	18. Full maiden name Inez Myrtle Johnson
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Same
11. Color or race W. | 12. Age at last birthday 23 (years)	20. Color or race W. | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) Wahkiacus, Washington (State or Country)	22. Birthplace (city or place) Portage, Utah (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. For Utah Idaho Sugar Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Oct., 1940	17. Total time (years) spent in this work 2 1/2 yrs
25. Date (month and year) last engaged in this work Oct., 1940	26. Total time (years) spent in this work 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 { months ~~or weeks~~ } | 30. Cause of stillbirth { Before labor ation of placenta. yes Premature separ / During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:45 A. M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Signed) H. L. Nelsis, M. D.

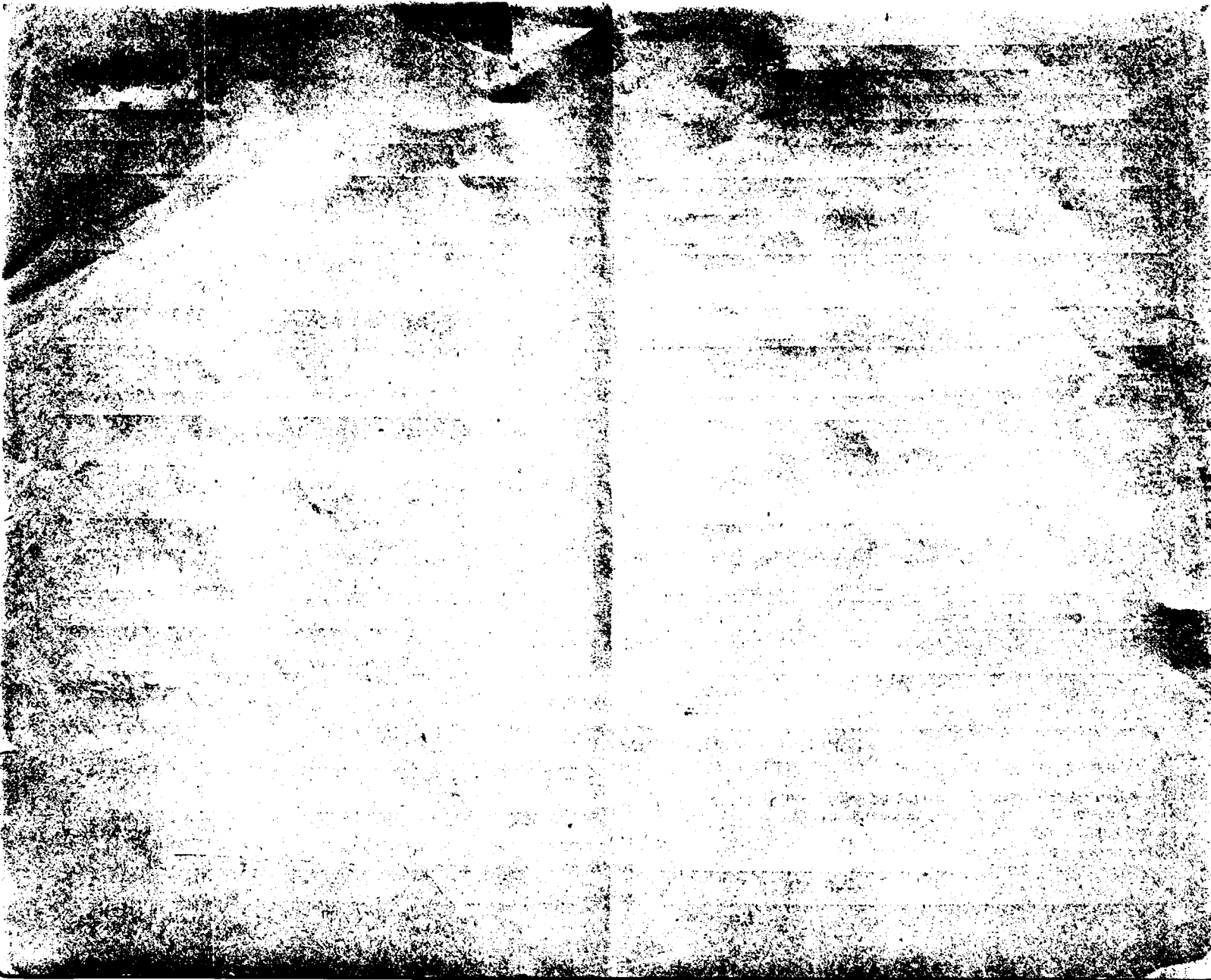
or , Midwife

Address Shelley, Idaho

(Date of)

Filed Oct 30, 1940 Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121593
Local Reg. No. 204
Reg. Dist. No. 6/0

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls, Ida.
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? ..... Outside? ..... city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. L. D. S. Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Still birth - Edwards

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex male
5. Color or race .....
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) St. Itborn

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) ..... (State or foreign country)

Father
12. Name Clifton B. Edwards
13. Birthplace Wakeman, Washington (City or town) (State or foreign country)

Mother
14. Maiden name Ines Myrtle Johnson
15. Birthplace Portage, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clifton B. Edwards and Address Shelley, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Oct 30 - 40 (Month) (Day) (Year)
(c) Place: .....
18. Funeral Director's **OWN** Signature None and Address .....
19. (a) Oct 30-41 (Date received and filed) (b) Anna Rudyn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 30 1940
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h.. alive on Stillborn 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: asphyxiation — Duration 10/30/40
Due to Premature separation of placenta
Due to Prematurity
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. L. Schiess, M.D. (M. D. or other)
and Address Shelley, Idaho Date 10/30 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*
multiple skeletal fractures

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;*
generalized carcinomatosis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville County
City of Idaho Falls
No. Memorial Drive
LDS. Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 7 1940

CERTIFICATE OF BIRTH

S

302789

Registration District No. 610 State File No.
Prim. Registration District No. Local Registrar's No. 824

2. FULL NAME OF CHILD Stillbirth

3. Sex Male

If plural births { 4. Twin, triplet, or other X
5. Number, in order of birth X

6. Premature 6 mo. Full term

7. Legitimate? yes

8. Date of birth 10-26, 1940 (Month, Day, Year)

FATHER

9. Full name Peter Hammond Agren

10. Residence (usual place of abode) (If non-resident, give place and State) Lewisville, Ida

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Lewisville, Ida

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm

16. Date (month and year) last engaged in this work Oct, 1940 | 17. Total time (years) spent in this work 9 yr.

MOTHER

18. Full maiden name Ruth Ellsworth Poole

19. Residence (usual place of abode) (If non-resident, give place and State) Same

20. Color or race W | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Menan, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Oct, 1940 | 26. Total time (years) spent in this work 6 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother III (At time of this birth and including this child)
(a) Born alive and now living II (b) Born alive but now dead 0 (c) Stillborn I

29. If stillborn, period of gestation 8 months { months or weeks

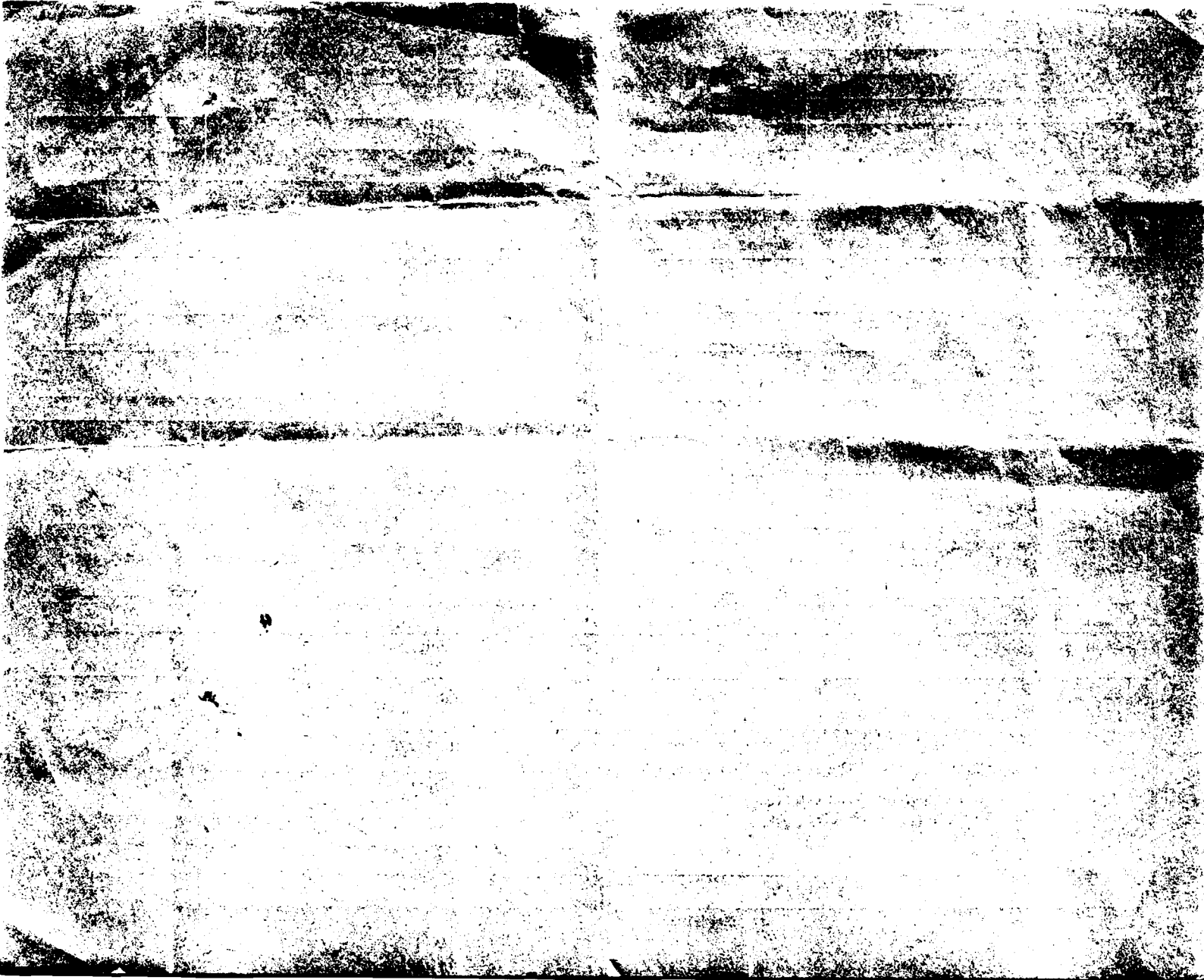
30. Cause of stillbirth Asphyxia Partial Placenta Previa { Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born (Born Alive or Stillborn) at 4:37 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

(Signed) , M. D.
or , Midwife
Address
Filed NOV. 4, 1940 Anna Bridges Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121594
Local Reg. No. 210
Reg. Dist. No. 610

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonneville Co
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Drug
(d) Death Occurred Inside? — Outside? Idaho Falls (City or town)
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. LDS Hosp. Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. Memorial Drive
(e) Deceased lived Inside? X Outside? ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.? ....
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Stillbirth Agren

3. (b) If veteran, name war ....
3. (c) Social Security No. —
4. Sex Boy
5. Color or race White
6. (a) Single, widowed, married, divorced Babe
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Oct 26 1940

8. AGE	Years	Months	Days	If less than 1 day
	Stillbirth			hrs — min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

Father
12. Name Peter Agren
13. Birthplace Lewisville Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Ruth Ellsworth Poole
15. Birthplace Nevada Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Peter J. Agren and Address Lewisville, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26-1940 (Month) (Day) (Year)
(c) Place: Lewisville, Idaho
18. Funeral Director's **OWN** Signature A. B. Packwell and Address Rigby, Idaho
19. (a) Nov 5-40 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 26 1940 at 4:37 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct 26 1940, to Oct 26 1940
I last saw him alive on Oct 26 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
asphyxia due Hemorrhage & Mother	
Marginal Placenta Previa	2 hrs
Due to	
Due to Prematurity 8 mo	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Home
Name of operation Low forceps Date 10/26/40
Major finding Placenta previa
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature J. M. Kell (M. D. or other)
and Address Idaho Falls Date .... 19....
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* *1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS Not embalmed

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 302790

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ..... St.
unknown
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD unknown foundling

3. Sex: x

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth about Oct 10, 193 40 (Month, Day, Year)

FATHER	MOTHER
9. Full name: unknown	18. Full maiden name: unknown
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race ..... 12. Age at last birthday ..... (years)	20. Color or race ..... 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) (State or Country) .....
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

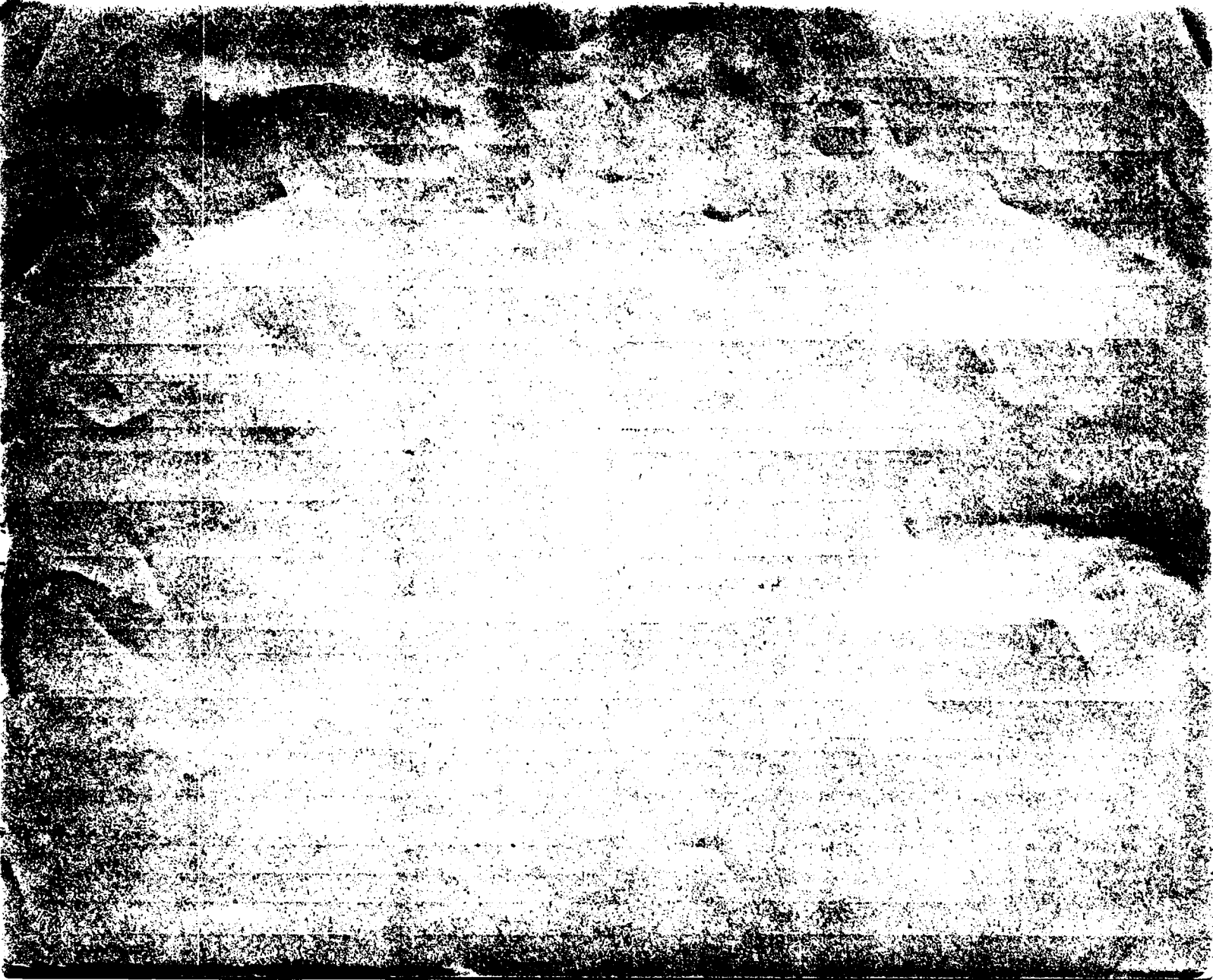
..... Registrar.

(Signed) Wm. D. Talley - Coroner signed death, M. D.

or certificate, Midwife

Address .....

Filed Oct 12, 1940, 193 Lyda Rodgers Registrar.



121595

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121595
Local Reg. No. 177
Reg. Dist. No. 3-6-3

1. **PLACE OF DEATH:** Canyon
   (a) County
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. Unknown
   (d) Death Occurred Inside? ..... Outside? ..... city or town
   (e) Died in a Home ....Hospital....Institution ....Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County .....
   (c) City or town Unknown
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Unknown Foundling

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
Color or Race White 6. (a) Single, widowed, married, divorced .....
4. Sex X
6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) .....

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) (State or foreign country)

Father
12. Name .....
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature ..... and Address .....
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12 1940 (Month) (Day) (Year)
   (c) Place: Dohrmann Nampa
18. Funeral Director's **OWN** Signature W. D. Talley and Address Nampa
19. (a) Oct 12-1940 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) about Oct 10 1940 at ..... o'clock ..... M.
21. I **HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Still born
about 5 Months as Per
~~Due to~~ M. D.
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. D. Talley (M. D.)
and Address Nampa Date Oct 12 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS This body was found by [illegible] Deputy Sheriff [illegible] at [illegible] home [illegible] Caldwell [illegible] day, [illegible] about [illegible] Coroner [illegible] Sunday [illegible] [illegible] [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Caribou

City of Conda

No. ____ St. ____

(If born in hospital or institution give name.)

RECEIVED NOV 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 302791

Registration District No. ____ State File No. ____

Prim. Registration District No. 521 Local Registrar's No. 121

2. FULL NAME OF CHILD Infant Rose

3. Sex: M

If plural births: 4. Twin, triplet, or other: —; 5. Number, in order of birth: —

6. Premature: yes; Full term: no

7. Legitimate? yes

8. Date of birth: Oct. 24 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Dwane Rose	18. Full maiden name: Ruby Watkins
10. Residence (usual place of abode) (If non-resident, give place and State): Conda Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Conda, Ida
11. Color or race: W | 12. Age at last birthday: 29 (years)	20. Color or race: W | 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Hyrum Ut	22. Birthplace (city or place) (State or Country): Lamont Ida
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mine, Phosphate	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: Oct., 1940	25. Date (month and year) last engaged in this work: Oct., 1940
17. Total time (years) spent in this work: 2	26. Total time (years) spent in this work: about 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 0 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation: Approx 6 months ~~or weeks~~

30. Cause of Stillbirth: ? (Debility Mother ?) Before labor: yes; During labor: no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 4:30 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Russell Tingey, M. D.

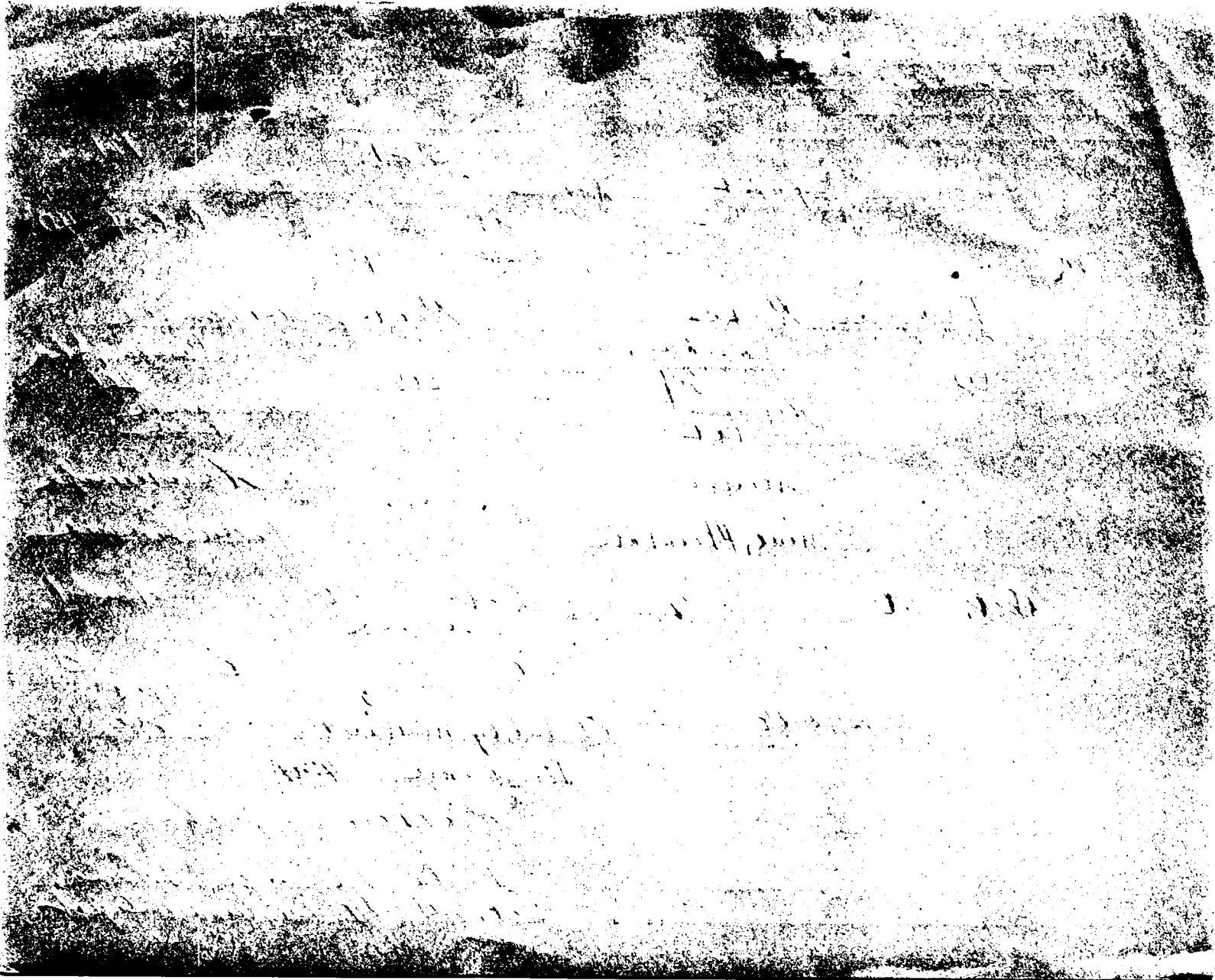
or ____, Midwife

Address Soda Springs, Idaho

Give name added from a supplemental report ____ (Date of)

Filed Oct. 24, 1940 Dr. Russell Tingey

Registrar. Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

RECEIVED NOV 14 1940

State File No. 121596
Local Reg. No. 61
Reg. Dist. No. 524

1. **PLACE OF DEATH:**
(a) County Caribou
(b) City or town Conda
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ✓ Outside? ... city or town
(e) Died in a Home ✓ Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. — Stayed ... days
(g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City or town Conda
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ✓ Outside? ... city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME**

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex M race W
5. Color or race
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) October 7th 1940
8. **AGE** Years: Premature | Months: — | Days: — | If less than 1 day: about 6 hrs — min.
9. Exact Occupation None — Did this work for 0 yrs.
10. Industry or Business 0 — Date last worked 0
11. Birthplace Conda (City or town) Idaho (State or foreign country)

Father
12. Name Duane Rose
13. Birthplace Hyrum (City or town) Utah (State or foreign country)

Mother
14. Maiden name Ruby Watkins
15. Birthplace Fairfield (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Dr Russell Tigert and Address Soda Springs, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1940 (Month) (Day) (Year)
(c) Place: —
18. Funeral Director's **OWN** Signature None and Address —
19. (a) Oct. 24 1940 (Date received and filed) (b) Dr Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 23 1940 at ? o'clock ? M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 16 1940, to Oct. 24 1940
I last saw h— alive on — 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Premature Birth —
about 6 months
Due to ...
Due to ...
Other conditions ...
(Include pregnancy within 3 months of death)

Where was disease first contracted? ...
Name of operation None Date ...
Major finding Premature Baby
Finding of autopsy None made

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Russell Tigert (M. D. or other)
and Address Soda Springs, Ida Date 10-24 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Oakley, Idaho
No. ____ St.
Oakley Hospital
(If born in hospital or institution give name.)

PRESENTED NOV 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 302792

Registration District No. 471 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 285

2. FULL NAME OF CHILD ____

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
7	4. Twin, triplet, or other 1 5. Number, in order of birth ____	Full term yes	yes	Aug. 17, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Hyrum J. Craner	18. Full maiden name Lena Bailey
10. Residence (usual place of abode) (If non-resident, give place and State) Oakley, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Oakley, Idaho
11. Color or race W. | 12. Age at last birthday 24 (years)	20. Color or race W. | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Oakley, Idaho	22. Birthplace (city or place) (State or Country) Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____ 16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife 25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation Full time { months or weeks } \| 30. Cause of stillbirth ? { Before labor ____ During labor ____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 7.30 A. m. Hard Labor. on the date above stated.

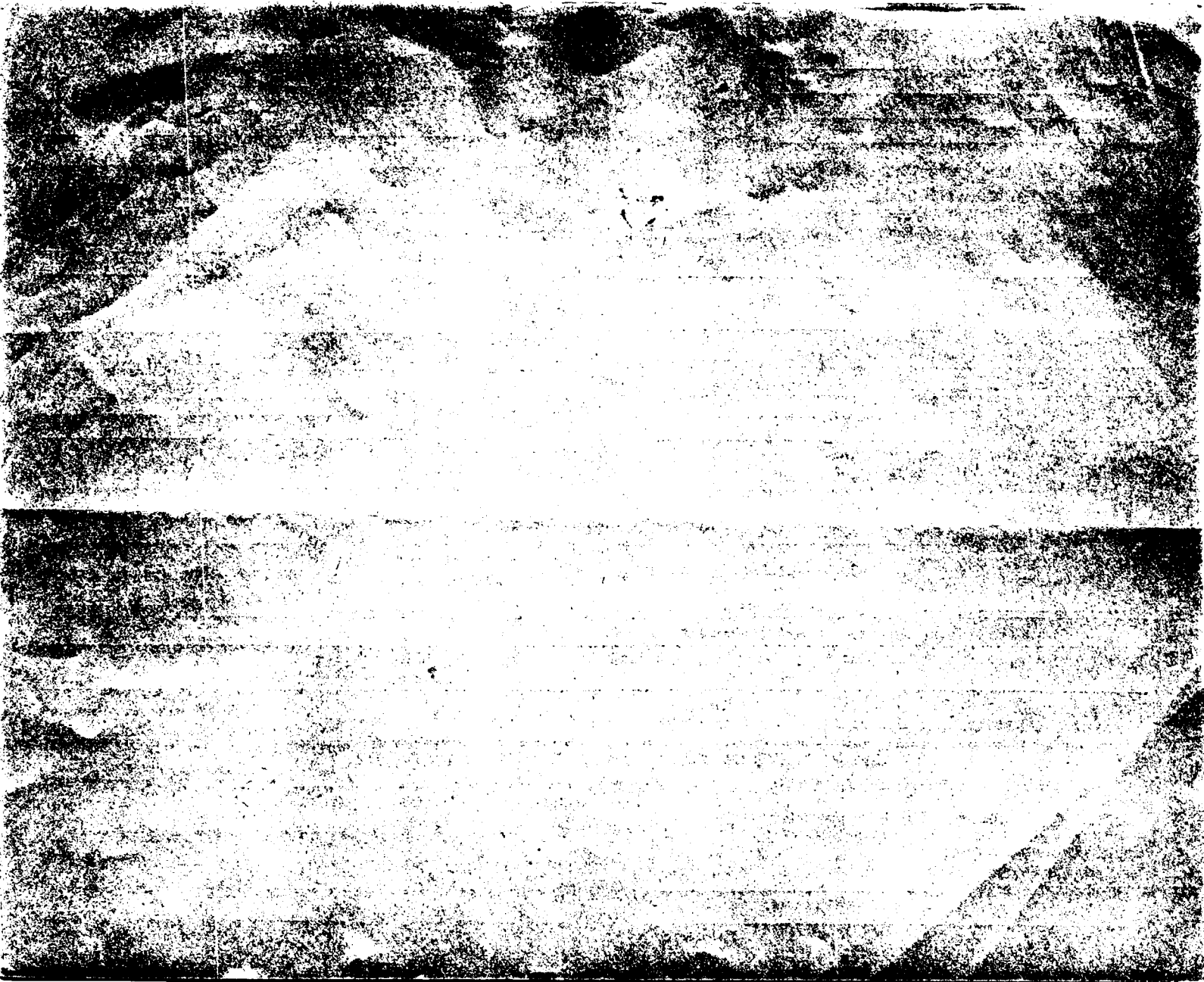
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) R J Denton, M. D.
or ____, Midwife
Address Oakley

Filed 10 - 20, 1941 Laura J Sprecher Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121597
Local Reg. No. 87
Reg. Dist. No. 47-1

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Oakley
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? yes Outside? city or town
(e) Died in a Home Hospital or Institution Other place
(f) Name Hosp. or Inst. Oakley Ida Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Oakley
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? yes city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME** Deloris Ann Graner

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) August 17, 1940, 7:30 a.m.

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Oakley (City or town) Idaho (State or foreign country)

Father
12. Name Hyrum Joseph Graner
13. Birthplace Oakley (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Lena R. Bailey
15. Birthplace Idaho (City or town) Oregon (State or foreign country)

16. Informant's **OWN** Signature and Address Hyrum Joseph Graner Oakley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 17, 1940 (Month) (Day) (Year)
(c) Place: Oakley, Idaho Cemetery
18. Funeral Director's **OWN** Signature and Address Henry B. McPollock Jr. Burley Idaho
19. (a) Aug 20-40 (Date received and filed) (b) Laura G. Spencer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 17 1940 at 7:20 o'clock a. M.
21. I **HEREBY CERTIFY**, That I attended deceased from Aug 17 1940; to 19; I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Still Born.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. D. Sutton (M. D. or other)
and Address Oakley Date 10-9 1940

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES By Vern - Dr. R. J. Sutton

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* *1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body ~~embalmed~~ under direction of Vern B. McCulloch Lic. No 260 at 6:30 P.M. on 8-17-1940
ADDITIONAL REMARKS Body burned with his 2 h. Stillborns

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 002793

NOV 15

1. PLACE OF BIRTH
County of Cassia
City of Burley
No. Stevens Maternity Home
Burley R F D — Acme Dist
(If born in hospital or institution give name.)

Registration District No. 471 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 300

2. FULL NAME OF CHILD Stillborn Overton Perry Aldrich

3. Sex. M

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ✓ Full term ____

7. Legitimate? ✓

8. Date of birth 10-29, 1940 (Month, Day, Year)

FATHER

9. Full name Victor Aldrich
10. Residence (usual place of abode) (If non-resident, give place and State) Burley
11. Color or race W | 12. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Colo

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Thursa Ivey
19. Residence (usual place of abode) (If non-resident, give place and State) Burley
20. Color or race W | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Ut

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 mo. (months ~~or weeks~~)

30. Cause of stillbirth ____ Before labor yes During labor ____

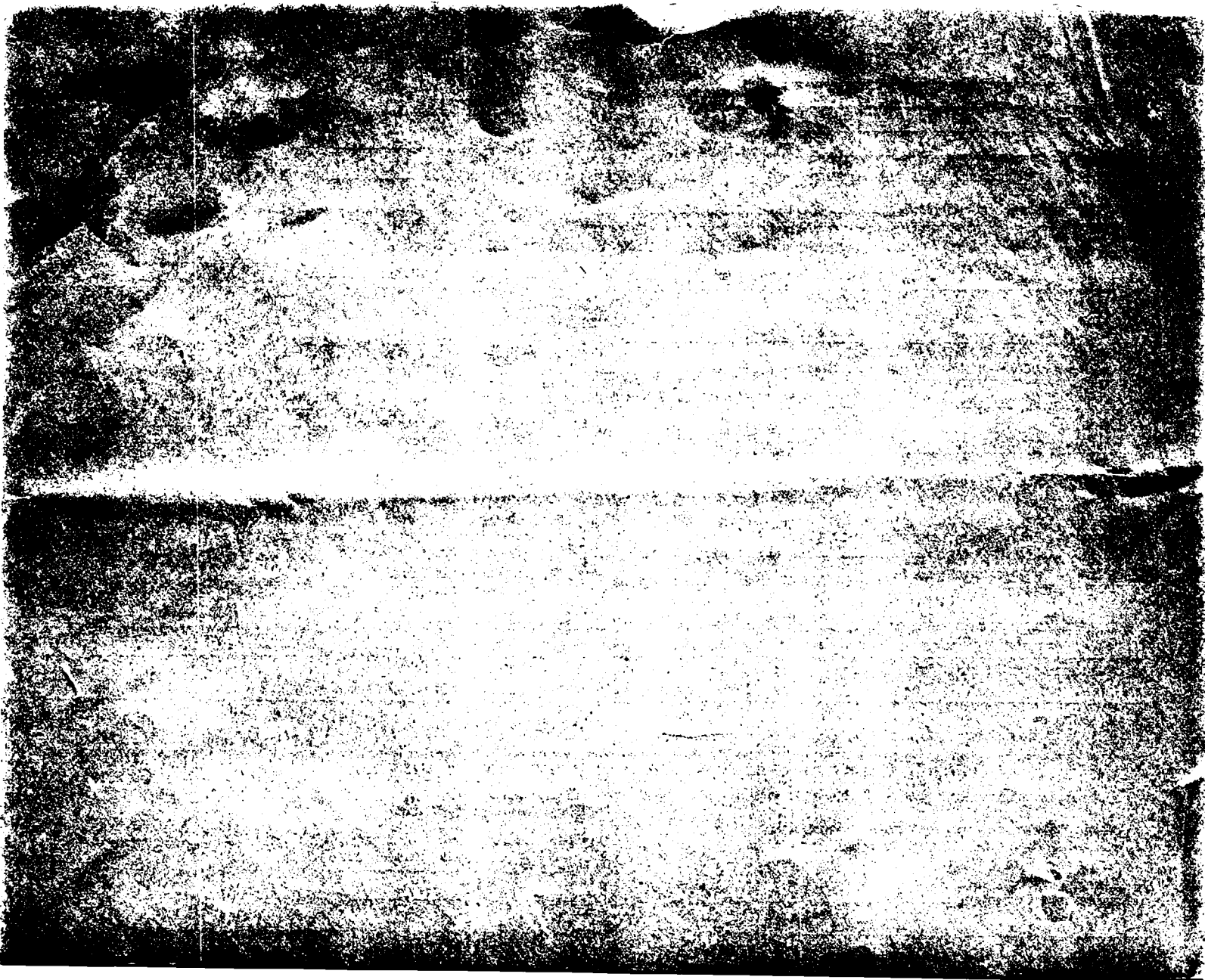
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead at 3-55 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) G G Espe, M. D.
or ____, Midwife
Address Burley
Filed 11-7, 1940 Laura J Spracher Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 12159
Local Reg. No. 93
Reg. Dist. No. 4-71

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town View Dist. near Burley
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place yes
(f) Name Hosp. or Inst. Sturms Maternity Hom Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 836 N. Miller
(e) Deceased lived Inside? yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Victor Perry Aldrich

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male race W.
5. Color or
6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) October 29, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	0	0		

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Burley Idaho - View District (City or town) (State or foreign country)

Father
12. Name Victor Jim Aldrich
13. Birthplace Logan Colo. (City or town) (State or foreign country)

Mother
14. Maiden name Theresa Ivie
15. Birthplace Logan, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Victor Jim Aldrich
and Address 836 N. Miller
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1940 (Month) (Day) (Year)
(c) Place: Burley View Cemetery
18. Funeral Director's **OWN** Signature Verne B. McCulloch
and Address Burley - Ida.
19. (a) 10-30-40 (Date received and filed) (b) Laura O Sprecher (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29 1940
at 4:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Stillborn
8 mo
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature G. Westfall (M. D. or other)
and Address Burley Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Vern B. McCulloch Lic. No. 260 at 2:30 P.M. on 10-29-40
ADDITIONAL REMARKS Mail Burial

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 16 1940

CERTIFICATE OF BIRTH

S 002794

Registration District No. 540 State File No.
Prim. Registration District No. 219 Local Registrar's No. 96

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. St.
(If born in hospital or institution give name.) General Memorial Hosp.

2. FULL NAME OF CHILD Nash

3. Sex: Male
If plural births: 4. Twin, triplet, or other: twin; 5. Number, in order of birth: 2
6. Premature: Full term: ✓
7. Legitimate? ✓
8. Date of birth: Oct 8, 1940 (Month, Day, Year)

FATHER

9. Full name: Alton West Nash
10. Residence (usual place of abode) (If non-resident, give place and State): Preston Idaho
11. Color or race: white
12. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Franklin, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: , 19
17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Ruth Evelyn Nash
19. Residence (usual place of abode) (If non-resident, give place and State): Preston, Idaho
20. Color or race: white
21. Age at last birthday: 32 (years)
22. Birthplace (city or place) (State or Country): New Albany Indiana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work: , 19
26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother: 3 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation: months or weeks
30. Cause of Stillbirth: During labor: Before labor:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 3 55/60 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

(Signed) O. B. Cutler, M. D.
or , Midwife
Address Preston Idaho
Filed Nov 5, 1940 G. W. Stales
Registrar.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

RECEIVED NOV 16 1940

State File No. 121599
Local Reg. No. 15
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Preston Mem. Stayed days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Western Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Baby Nash

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 8 1940

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Preston (City or town) Idaho (State or foreign country)

Father
12. Name Alton W. Nash
13. Birthplace Franklin (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Ruth Adolphy
15. Birthplace Indianapolis (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alton W. Nash
and Address Preston Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1940 (Month) (Day) (Year)
(c) Place: Franklin, Idaho
18. Funeral Director's **OWN** Signature O. Sherwin Webb
and Address Preston, Idaho
19. (a) Oct 9 1940 (Date received and filed) (b) Geo W. States (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 8 1940
at 8 o'clock A.M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct 8 1940 to Oct 8 1940
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn - Macerated fetus	
Due to Cause Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. K. Carter M.D.
(M. D. or other)
and Address Preston Ida. Date 10-10 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 412 Lakeside St.

(If born in hospital or institution give name.)

RECEIVED NOV 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 302795

Registration District No. 120 State File No.

Prim. Registration District No. Local Registrar's No. 371

2. FULL NAME OF CHILD Baby Sandahl

3. Sex M

If plural births {4. Twin, triplet, or other / 5. Number, in order of birth}

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth Oct 20, 1940 (Month, Day, Year)

FATHER

9. Full name James Sandahl

10. Residence (usual place of abode) (If non-resident, give place and State) 412½ W Garden

11. Color or race W | **12. Age at last birthday** 32 (years)

13. Birthplace (city or place) (State or Country) Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Elvera True

19. Residence (usual place of abode) (If non-resident, give place and State) Same

20. Color or race W | **21. Age at last birthday** 22 (years)

22. Birthplace (city or place) (State or Country) Cleft Lake Mont.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Full term {months or weeks}

30. Cause of Stillbirth Hydrocephalus {During labor / Before labor yes}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:45 P m. on the date above stated.
(~~Born Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Harold J Stenger, M. D.

or Midwife

Address Coeur d'Alene, Idaho

Filed 11-4, 1940 [illegible] Registrar.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

RECEIVED NOV 15 1940

State File No. 121600
Local Reg. No. 208
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside Ave.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Lakeside Hosp. ed. 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 922 River St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) ---

3. (a) **FULL NAME** Male Infant Sandall

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6 (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) October 20, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min. 0

9. Exact Occupation None — Did this work for — yrs.
10. Industry or Business --- — Date last worked —
11. Birthplace Coeur d'Alene, (City or town) Idaho (State or foreign country)

Father
12. Name James F. Sandall
13. Birthplace Michigan (City or town) (State or foreign country)

Mother
14. Maiden name Alvera M. True
15. Birthplace Montana (City or town) (State or foreign country)

16. Informant's **OWN** Signature James F Sandall and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/21/1940 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene
18. Funeral Director's **OWN** Signature Mooney Mortuary and Address Coeur d'Alene, Idaho
19. (a) 10-21-1940 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 20 1940 at 3:30 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from 10-20 1940, to 10-20 1940
I last saw h. — alive on — 19 —; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Hydrocephalus + Umb. cord about the neck	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? —
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Harvey J. Stringer M.D. (M. D. or other)
and Address C d A Idaho Date 10-21 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other" place should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia, generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of [illegible] Lic. No E-278 at [illegible] on 10/20/40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

302796

RECEIVED NOV 7 1940

Registration District No. 500 State File No.

Prim. Registration District No. 2072 Local Registrar's No. 103

1. PLACE OF BIRTH

County of Power

City of American Falls, Idaho

No. 501 Pocatello Ave St.

Schiltz Memorial Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Martin William Johansen

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term Yes	Yes	10-17-1940, 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Marvin Fred Johansen	18. Full maiden name: Irene Bowman
10. Residence (usual place of abode) (If non-resident, give place and State): American Falls Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): American Falls Idaho
11. Color or race: W | 12. Age at last birthday: 21 (years)	20. Color or race: W | 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Everley ~~Idaho~~ Iowa	22. Birthplace (city or place) (State or Country): Aberdeen Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Power Co Imp Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Now, 1940	17. Total time (years) spent in this work: 7 Yrs
25. Date (month and year) last engaged in this work: Now, 1940	26. Total time (years) spent in this work: 22 Mo

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ~~A. G.~~ NOS

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 10:20 a.m. p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) W. H. Farrell, M. D.

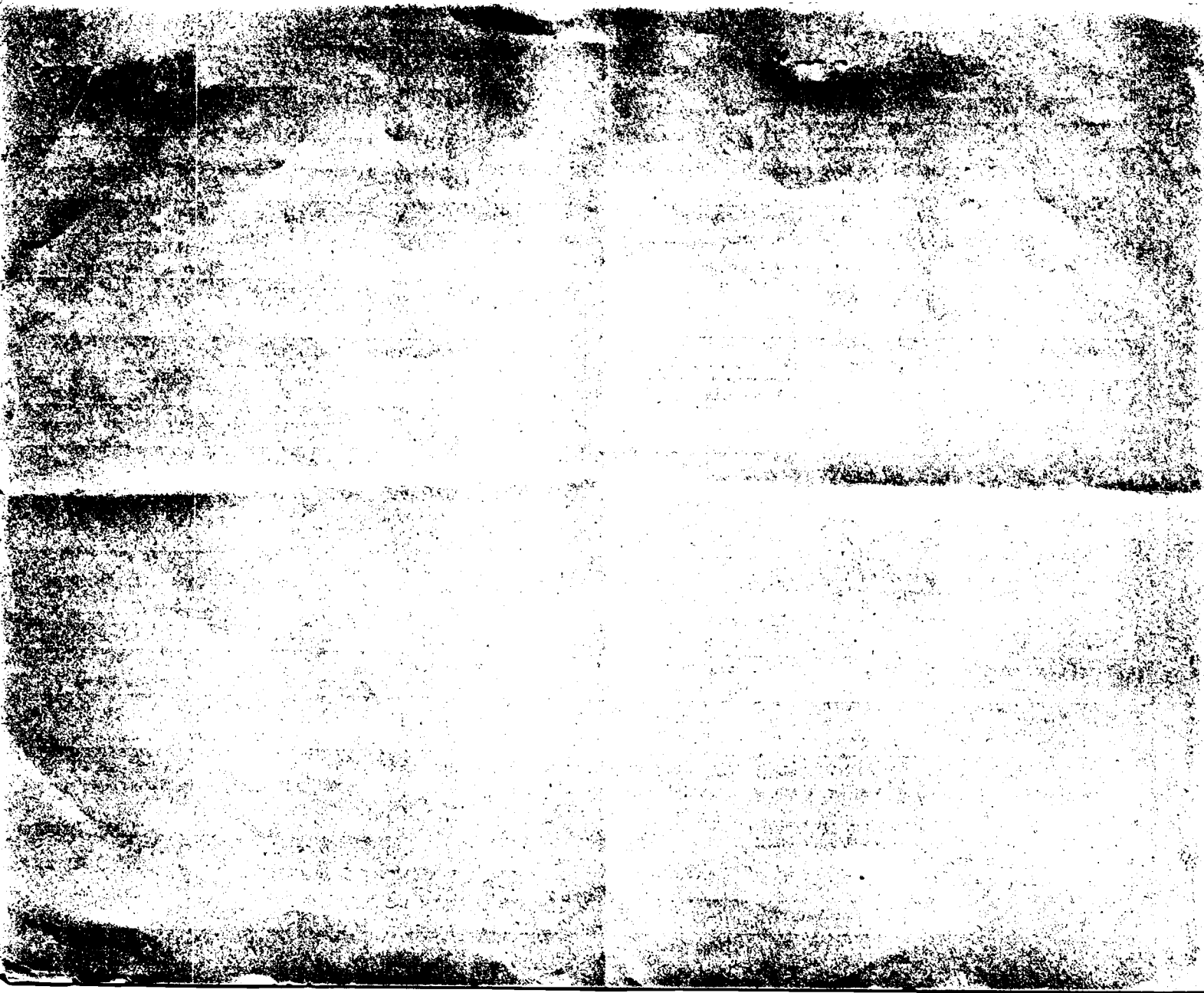
or ____, Midwife

Address American Falls, Idaho

Filed 10-29-1940, 193 Irene Daling

Registrar.

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121601
Local Reg. No. 41
Reg. Dist. No. 500

1. PLACE OF DEATH:
(a) County Power
(b) City or town Am. Falls, Idaho.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. Schutz Mem Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town Am. Falls, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. X yrs. Citizen of U. S.? X
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME** Martin William Johansen.

3. (b) If veteran, name war — 3. (c) Social Security No.
5. Color or race White 6. (a) Single, widowed, married, divorced Single
4. Sex Male
6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Oct. 17 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace American Falls (City or town) Idaho (State or foreign country)
Father 12. Name Marvin Johansen
Father 13. Birthplace Emerly, (City or town) Iowa. (State or foreign country)
Mother 14. Maiden name Irene Bowman
Mother 15. Birthplace Aberdeen, (City or town) Idaho. (State or foreign country)
16. Informant's **OWN** Signature X Marvin Johansen and Address Am. Falls Idaho
17. (a) Burial — (Burial, cremation, or removal) (b) Date thereof 10-18-40 (Month) (Day) (Year)
(c) Place: Am. Falls, Idaho.
18. Funeral Director's **OWN** Signature W. H. Jones and Address Am. Falls. Idaho.
19. (a) 10-20-1940 (Date received and filed) (b) Irene Baling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH Jones

20. **DATE OF DEATH** (Month, Day, Year) Oct. 17 1940
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19..., to 19...
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillbirth - R.O.P. position changed to breech with extraction	
Due to Death during labor shortly	
difficult delivery.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. H. Jones (M. D. or other)
and Address Am. Falls Ida Date 10/18 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Shoshone County

(If born in hospital or institution give name.)

NOV 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 302797

Registration District No. _____ State File No. _____

Prim. Registration District No. 141 Local Registrar's No. 108

2. FULL NAME OF CHILD Ellen Louise McKinn

3. Sex F. | If plural births { 4. Twin, triplet, or other One | 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth October 1, 1940 (Month, Day, Year)

FATHER

9. Full name Leonard McKinn

10. Residence (usual place of abode) Smeltervill Idaho (If non-resident, give place and State)

11. Color or race white | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Macdonald county Missouri (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Juanita Mae Elkins

19. Residence (usual place of abode) Smeltervill Idaho (If non-resident, give place and State)

20. Color or race white | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) Brandby, Missouri (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hsw

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living none (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation Full term - R.O.P. Inches Should 2½ { months or weeks

30. Cause of Stillbirth _____ { During labor ✓ Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:15 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

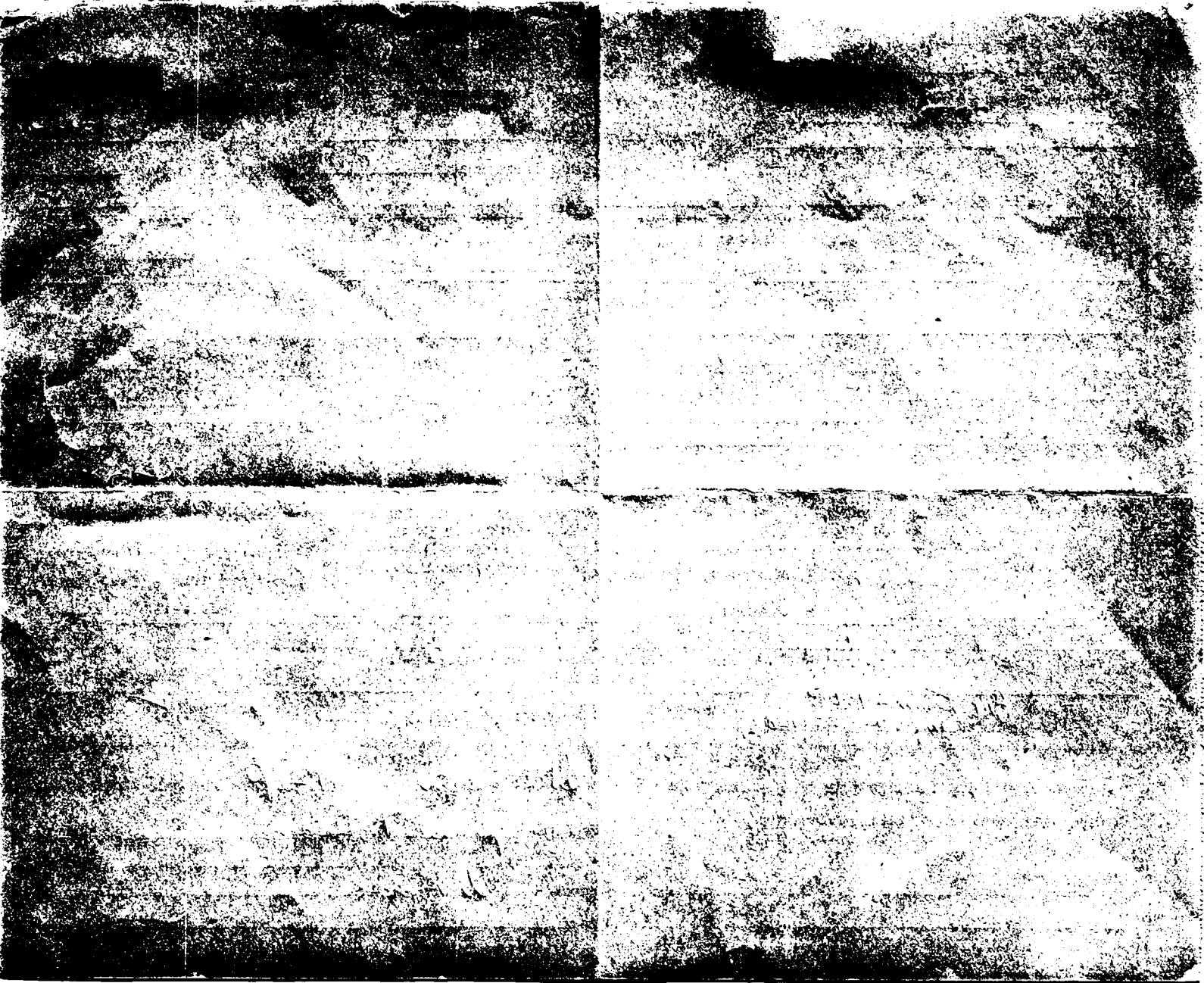
_____
Registrar.

(Signed) James R Bean, M. D.

or _____, Midwife

Address Wallace

Filed Oct 15, 1940 J. Ross Bowen
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121602
Local Reg. No. 38
Reg. Dist. No. 141

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:** NOV 12 1940
   (a) County Shoshone
   (b) City or town West Wallace
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? yes city or town
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. St. Ca. Hosp. Stayed 0 days
   (g) Lived in this county 0 years 0 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No. Stillbirth
   (e) Deceased lived ~~Inside~~? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Girl McKinn

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem. race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Oct 1st 1940

8. AGE	Years	Months	Days	If less than 1 day
		stillbirth		hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Shoshone County (City or town) Idaho (State or foreign country)

Father
12. Name Leonard McKinn
13. Birthplace (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Juanita Mae Elkins
15. Birthplace (City or town) Mo. (State or foreign country)

16. Informant's **OWN** Signature Leonard McKinn and Address Murray Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/40 (Month) (Day) (Year)
    (c) Place: Kempston Idaho.
18. Funeral Director's **OWN** Signature M. E. Thornhill and Address Kellogg Idaho.
19. (a) Oct 14-40 (Date received and filed) (b) Johnny Lewis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 1st 1940
    at 1:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..19.., to ..19..
    I last saw h.. alive on ..19..; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to R.D.P. with Impacted Shoulder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred ..19.. City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury

23. Attendant's **OWN** Signature James P. Bean
    and Address Wallace (M. D. or other) Date 10/14 19..

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of M. C. Thornhill Lic. No. 127 at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 302798

1. PLACE OF BIRTH
County of Teton
City of Driggs
No. Teton Valley Hospital St.
(If born in hospital or institution give name.)

Registration District No. 620 State File No.
Prim. Registration District No. Local Registrar's No. 51

2. FULL NAME OF CHILD Infant Bevins

3. Sex Male
If plural births { 4. Twin, triplet, or other
5. Number, in order of birth
6. Premature Yes Full term
7. Legitimate? Yes
8. Date of birth Oct 14 1940 (Month, Day, Year)

FATHER

9. Full name Heber Ross Bevins
10. Residence (usual place of abode) (If non-resident, give place and State) Tetonia, Id
11. Color or race W | 12. Age at last birthday 49 (years)
13. Birthplace (city or place) (State or Country) Salt Lake County Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own
16. Date (month and year) last engaged in this work Oct 14, 1940
17. Total time (years) spent in this work life

MOTHER

18. Full maiden name Eliza Ann Higley
19. Residence (usual place of abode) (If non-resident, give place and State) Tetonia Id
20. Color or race W | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Rexburg Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own
25. Date (month and year) last engaged in this work , 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor, Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

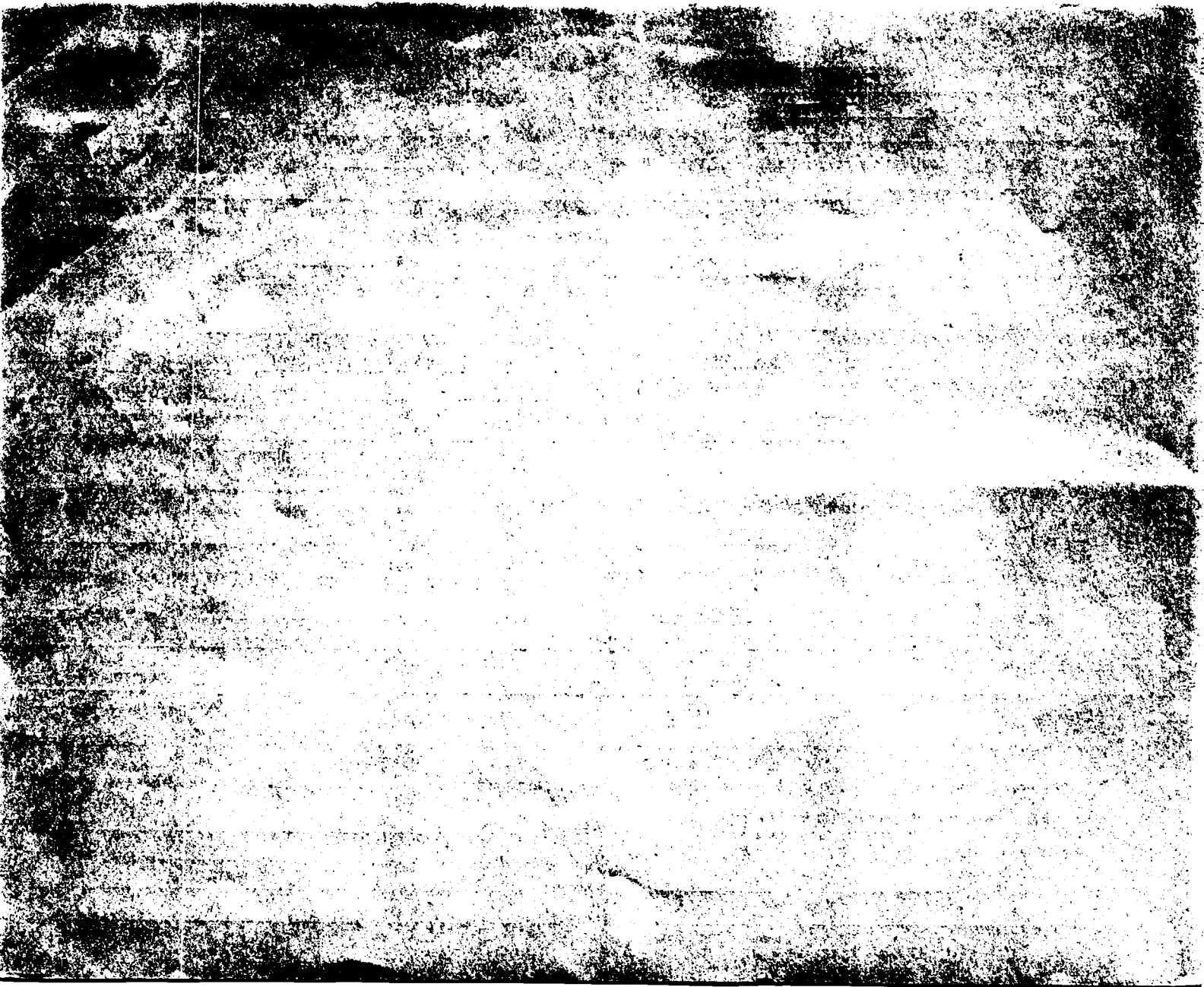
I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 9 30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) O D Hansen, M. D.
or , Midwife
Address Driggs Id

Give name added from a supplemental report
(Date of)
Registrar.

Filed November 5, 1940 Florence Davidson
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121603
Local Reg. No. 22
Reg. Dist. No. 620

1. **PLACE OF DEATH:**
(a) County Teton
(b) City or town Driggs
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ... Hospital ✓ Institution ... Other place ...
(f) Name Hosp. or Inst. Teton Valley Stayed 0 days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Infant Bevans

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male 5. Color or race ..... 6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 14, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Stillborn			hrs min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Driggs, Idaho (City or town) (State or foreign country)

Father
12. Name Heber Ross Bevans
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Anne Higley
15. Birthplace Rexburg, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Eva Mickelsen and Address Pocatello Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1940 (Month) (Day) (Year)
(c) Place: Clawson (Cemetery)
18. Funeral Director's **OWN** Signature Heber Ross Bevans, Father and Address .....
19. (a) October 16, 1940 (Date received and filed) (b) Florence Davidson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 14 1940 at 9.30 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct 14 1940 to Oct 14 1940
I last saw h. alive on Stillborn 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Eclampsia - Acute Pre-natal toxemia	
Due to	
Other conditions Malposition (Include pregnancy within 3 months of death) Edward Contraction ring	
Where was disease first contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature D D Hopkins, M D (M. D. or other)
and Address Driggs Ida. Date 10/15 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of
City of Twin Falls
No. St.
County General Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

302799 S

NOV 1

Registration District No. 401 State File No.
Prim. Registration District No. Local Registrar's No. 647

2. FULL NAME OF CHILD Brenda Carolyn Moore (Stillborn)

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
female	4. Twin, triplet, or other ... 5. Number, in order of birth ...	Full term yes	yes	10-3-40, 193... (Month, Day, Year)

FATHER	MOTHER
9. Full name Jess Newton Moore	18. Full maiden name Eura Elizabeth Whiteley
10. Residence (usual place of abode) R. 3 (If non-resident, give place and State) Twin Falls, Ida	19. Residence (usual place of abode) R. 3 Twin Falls (If non-resident, give place and State)
11. Color or race W. | 12. Age at last birthday 28 (years)	20. Color or race W | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Kingston Ark	22. Birthplace (city or place) (State or Country) Opal Wyoming
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dines Coal Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work present, 19 40	17. Total time (years) spent in this work 3 mo
25. Date (month and year) last engaged in this work present, 19 40	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living I (b) Born alive but now dead 0 (c) Stillborn I

29. If stillborn, period of gestation ... { months or weeks

30. Cause of Stillbirth Unknown { Before labor Several hrs During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 2:35 P. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

Registrar.

(Signed) Talda B. Fruendeberg, M. D.
or ..., Midwife
Address 228 Main Ave So. Twin Falls
Filed 11-6, 1940
Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121604
Local Reg. No. 244
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. TF Gen Hosp Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 330 N Elm
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. - yrs. Citizen of U. S.? -
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby J.N. Moore

3. (b) If veteran, name war --
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6 (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) October 3, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation Infant
Did this work for - yrs.
10. Industry or Business At Home
Date last worked -
11. Birthplace Twin Falls (City or town) Idaho (State or foreign country)

Father
12. Name J.N. Moore
13. Birthplace (City or town) Arkansas (State or foreign country)

Mother
14. Maiden name Eura Whiteley
15. Birthplace (City or town) Wyoming (State or foreign country)

16. Informant's **OWN** Signature x Jess Moore
and Address 330 N Elm, Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 4 40 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature L. C. Luellen
and Address Twin Falls, Idaho
19. (a) Oct 4 1940 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 3 1940
at noon o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from 10 3 40 19 to 19
I last saw h alive on 10. 3 40 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still born — Duration
Due to Cause unknown - fetal death occurred before beginning of labor
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Valdi B. Svendsen (M. D. or other)
and Address 228 Main Ave. E. Date Oct 3 1940
(For additional space use reverse side)
Twin Falls, Ida.

ofnce of a local registrar.

ven to the satisfactory com-
tem. The city or town and
refer to PLACE WHERE
or deaths occurring in hos-
tions, the name of the place
d. For deaths occurring in
checked. For deaths occur-
ouse, on the street, at work,
ed.

ied

person may have lived his
WAYS COMPLETE ALL
ase a person has resided in
for less than one year, give
CE. The post office of the
ate other than the county of
a former IDAHO residence,
state the correct COUNTY
HO.

H:	Duration
	7 days
	2 years
nemia	*2 years*

(th)

Idaho

my Date *11-12-45*

s of stomach

eumonia;

lized carcinomatosis

CAUSES, also fill in the

? Homicide?

19 City, county, state

m Industry

hile at work?

on

Body embalmed under direction of S. C. Phillips

Lic. No _____ at Twin Falls on 10-3-40

304238

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 15 1940

CERTIFICATE OF BIRTH

S [redacted]

Registration District No. 370 State File No.

Prim. Registration District No. Local Registrar's No. 866

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St.
St Lukes
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Boy Haines

3. Sex male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature 5 1/2 mo Full term

7. Legitimate? yes

8. Date of birth 9-5, 1940 (Month, Day, Year)

FATHER

9. Full name Frank Dale Haines

10. Residence (usual place of abode) Vista Courts (If non-resident, give place and State) Boise Ida

11. Color or race w | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Castle Ford (State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Florence Jackson

19. Residence (usual place of abode) Vista Courts (If non-resident, give place and State) Boise Ida

20. Color or race w | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Boise, Idaho (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 mo. (months or weeks)

30. Cause of stillbirth premature Before labor unknown During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 4:20 P m. on the date above stated.
(~~Born Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Hrsally T. Nokes, M. D.

or , Midwife

Address Boise, Idaho

Give name added from a supplemental report

(Date of)

Filed OCT 25 1940, 193 R. Sharp
Registrar.

Registrar.

WHITE PAPER. One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 122665
Local Reg. No. 259
Reg. Dist. No. 370

RECEIVED OCT 16 1940

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Lukes Stayed - days
(g) Lived in this county - years - months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town Alexander Flats
(d) Street Address or R. F. D. No. C. C. C. Camp
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. -- yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** INFANT HAINES

3. (b) If veteran, name war -- 3. (c) Social Security No.

4. Sex M 5. Color or race White 5. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife -- 6 (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) 9-5-40

8. **AGE** — Years | Months | Days | If less than 1 day hrs min.
STILLBORN

9. Exact Occupation ** Did this work for yrs.

10. Industry or Business -- Date last worked

11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Frank D. Haines
13. Birthplace Castle Ford (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Florence Fackrell
15. Birthplace Boise (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Frank Dale Haines and Address Boise Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-40 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park

18. Funeral Director's **OWN** Signature Clyde Summers and Address Summers Funeral Home 1205 Bannock, Boise Ida.

19. (a) 9-9-40 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 6 - 1940 at 4 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from 9-5- 1940, to 9-5- 1940
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature (5½ mo.)	
Due to Premature.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Harry T. Nokes M.D. (M. D. or other)
and Address Boise Date 9-6- 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
DEC 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 304239

Registration District No. 370 State File No.

Prim. Registration District No. Local Registrar's No. 942

1. PLACE OF BIRTH
County of Ada
City of Boise, Idaho
No. St.
St. Lukes
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Baby Rothchild

3. Sex: Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature X Full term

7. Legitimate? yes

8. Date of birth Oct. 6, 1940 (Month, Day, Year)

FATHER

9. Full name: Fred C. Rothchild

10. Residence (usual place of abode) (If non-resident, give place and State): Eagle, Idaho

11. Color or race: W | 12. Age at last birthday: 45 (years)

13. Birthplace (city or place) (State or Country): Jewell Co. Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: Oct. 6, 1940 19

17. Total time (years) spent in this work: 20

MOTHER

18. Full maiden name: Mabel McCurdy

19. Residence (usual place of abode) (If non-resident, give place and State): Eagle, Ida.

20. Color or race: W | 21. Age at last birthday: 36 (years)

22. Birthplace (city or place) (State or Country): Rawlins Co. Kanssas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: Oct. 1, 1940 19

26. Total time (years) spent in this work: 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation: 6 months (months or weeks)

30. Cause of Stillbirth: Placenta Previa (Before labor X / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 1:30 A. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) L. L. Jewell, M. D.

or , Midwife

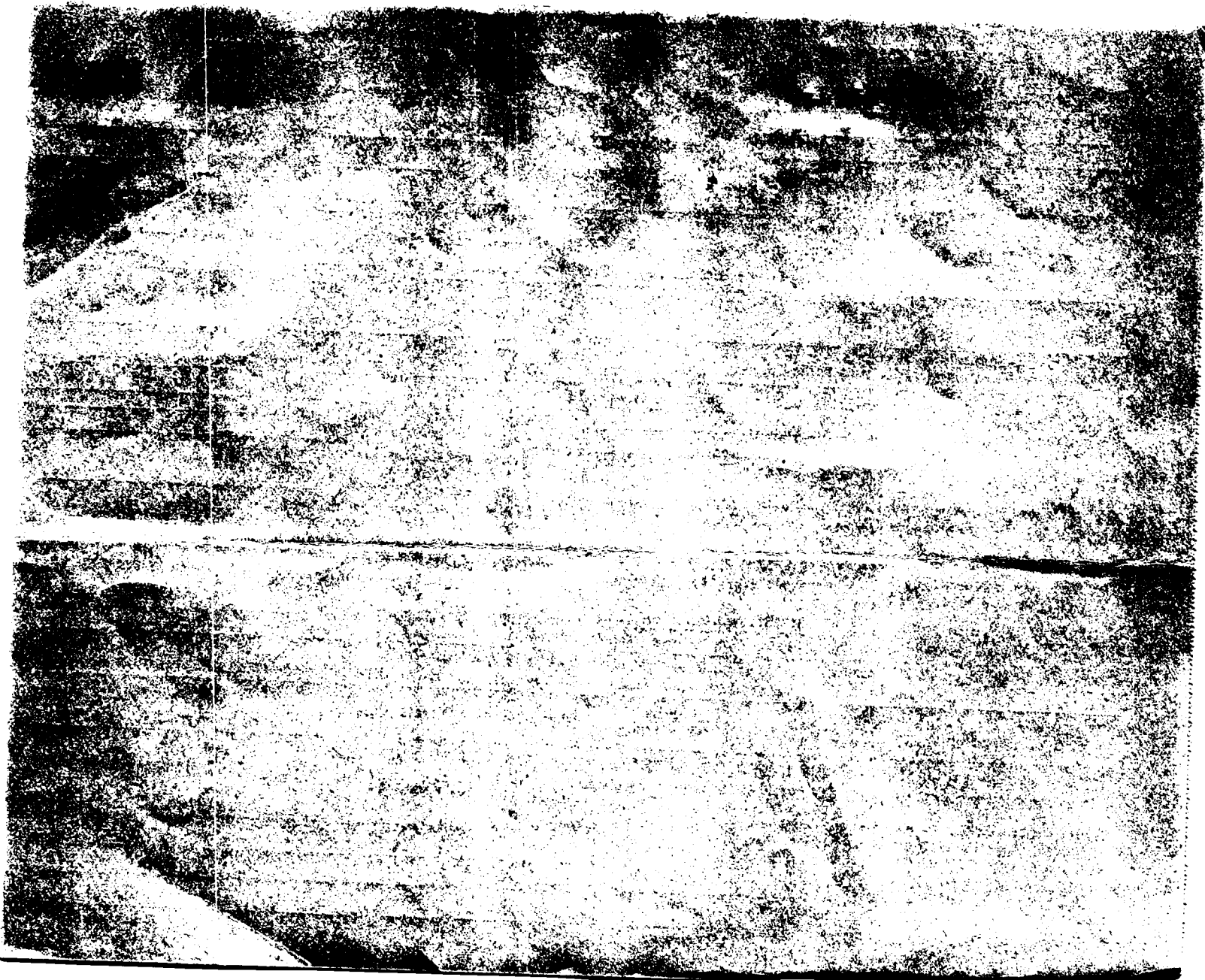
Address

Give name added from a supplemental report

(Date of)

Filed 11-14, 1940 R. Sharp Registrar.

Registrar.



D B 122006

United States
Department of Commerce
Bureau of the Census

RECEIVED
NOV 15 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 289
Reg. Dist. No. 376

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R. F. D. No. St Lukes Hospital.
(d) Death Occurred Inside? X Outside? ....city or town
(e) Died in a Home ....Hospital. X Institution ....Other place ....
(f) Name Hosp. or Inst. St Lukes Stayed....days
(g) Lived in this county....years....months....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Rothchild.

3. (b) If veteran, name war No
3. (c) Social Security No. None.
4. Sex Male. race White.
5. Color or
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October. 6. 1940.

8. AGE	Years	Months	Days	If less than 1 day
				Stillborn. hrs min.

9. Exact Occupation None. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Fred. C. Rothchild.
13. Birthplace Mankato Kansas. (City or town) (State or foreign country)

Mother
14. Maiden name Mabel. M. Mc Curdy.
15. Birthplace Kansas. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred C. Rothchild
and Address 1201 Eagle Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 7. 1940. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 10-7-40 (Date received and filed) (b) L. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 6 1940
at 1.15 o'clock a. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 10 a.m. 19.... to 1.15 a.m. 19....
I last saw him alive on Oct 6 10 19 40.; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Premature Labor about 25 wk gestation
Due to Marginal Placenta previa
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? Ada Co
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19.... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. M. Bradshaw M.D.
(M. D. or other)
and Address Boise Idaho Date Oct 7 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ... St. St. Luke Hospital

(If born in hospital or institution give name.)

RECEIVED NOV 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 370 State File No. 304240

Prim. Registration District No. ... Local Registrar's No. 701

2. FULL NAME OF CHILD Marilyn Boyd Rockwood

3. Sex F

If plural births { 4. Twin, triplet, or other ... 5. Number, in order of birth ...

6. Premature ... Full term ✓

7. Legitimate? Yes.

8. Date of birth 10-31, 1940 (Month, Day, Year)

FATHER

9. Full name Clive North Rockwood

10. Residence (usual place of abode) Bomander Road (If non-resident, give place and State) ...

11. Color or race W. | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) Salt Lake City (State or Country) Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automotive Electrician

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Oakleys.

16. Date (month and year) last engaged in this work at present, 19...

17. Total time (years) spent in this work 12 yrs.

MOTHER

18. Full maiden name Josephine Edna Boyd

19. Residence (usual place of abode) (If non-resident, give place and State) Same

20. Color or race W | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) Salt Lake City (State or Country) Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ...

25. Date (month and year) last engaged in this work at present, 19...

26. Total time (years) spent in this work 8 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate 1%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months. { months or weeks

30. Cause of Stillbirth unknown { Before labor 4 days During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:45 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

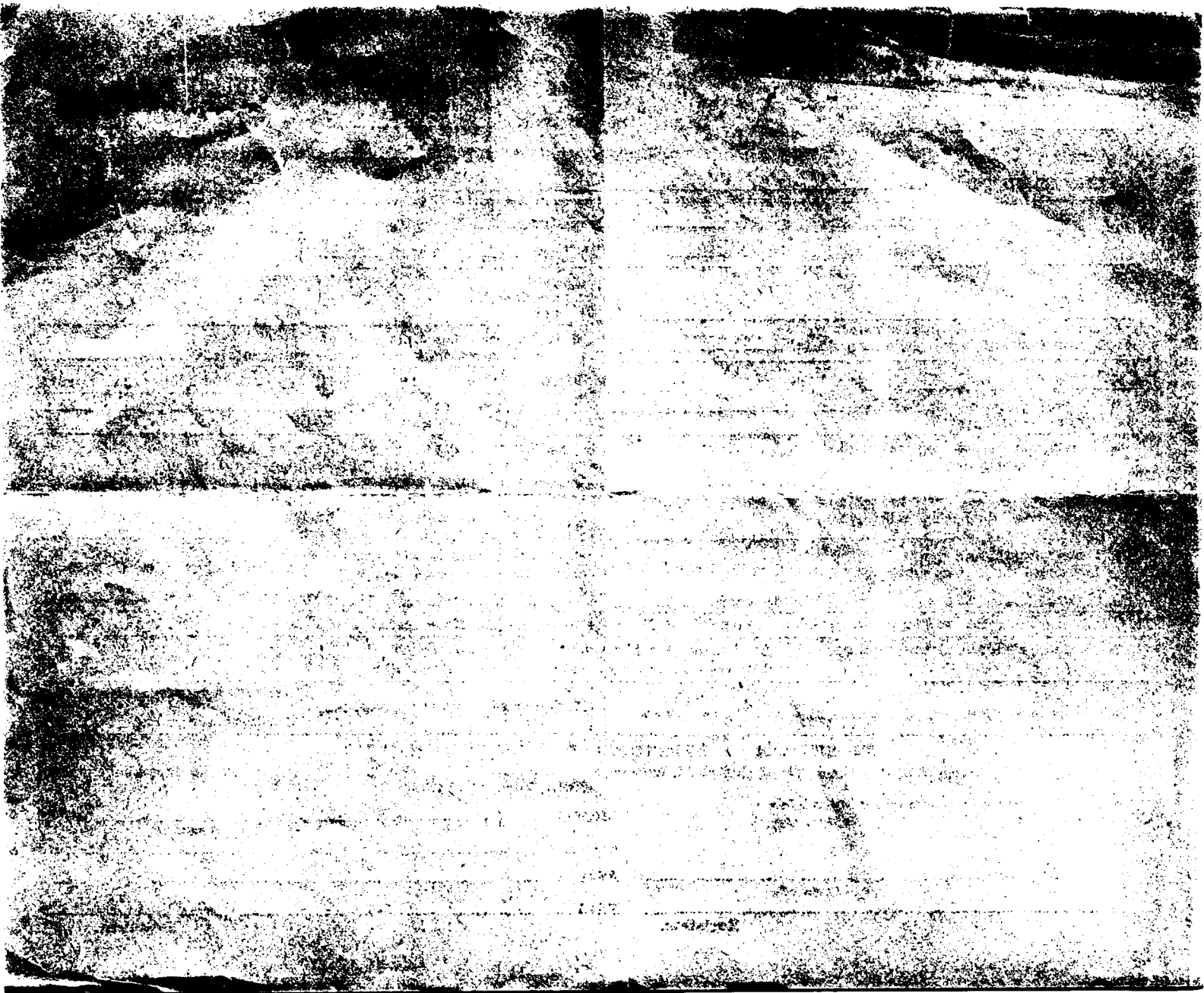
Give name added from a supplemental report ...
(Date of)
Registrar.

(Signed) K. E. Dedman, M. D.

or ..., Midwife

Address ...

Filed NOV 1 1940, 193... L. Sharp
Registrar.



United States
Department of Commerce
Bureau of the Census

976

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 122007
Local Reg. No. 321
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise DEC 13 1940
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ....city or town
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. St. Lukes Stayed ....days
(g) Lived in this county ....years ....months ....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State .... (b) County ....
(c) City or town ....
(d) Street Address or R. F. D. No. ....
(e) Deceased lived Inside? .... Outside? .... city or town
(f) If foreign born, in U. S. .... yrs. Citizen of U. S.? ....
(g) How long had deceased lived in Idaho? .... years
(h) Former residence (city, state) ....

3. (a) **FULL NAME** Infant Rockwood

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ....
6 (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) Oct.-31-1940

8. AGE	Years	Months	Days	If less than 1 day
	Still-born			hrs min.

9. Exact Occupation none — Did this work for ....yrs.
10. Industry or Business .... — Date last worked ....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Clive N. Rockwood
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name J. Edrie Boyd
15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clive N. Rockwood
and Address Boise Rt 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1-1940 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature Summers Funeral Home
and Address Boise Idaho
19. (a) 11-1-40 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Probably 10/27 1940
at unknown o'clock, ...M.

21. **I HEREBY CERTIFY,** That I attended deceased from ....19.... to ....19....
I last saw h.... alive on unknown 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillbirth — Cause unknown	
Due to Fetus macerated at birth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? ....
Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature H. G. Dehman, M. D.
(M. D. or other)
and Address Boise, Ida. Date 10/31 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 30241

RECEIVED DEC 11 1940

Registration District No. _____ State File No. _____

Prim. Registration District No. 210 Local Registrar's No. 696

1. **PLACE OF BIRTH**
County of Bannock
City of Pocatello
No. 650 So 4th Ave St.
St Anthony Mercy
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Jeffery Valentine

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? ✓

8. Date of birth November 17 1940 (Month, Day, Year)

FATHER

9. Full name Nick Valentine

10. Residence (usual place of abode) 434 E. Halliday
(If non-resident, give place and State)

11. Color or race White | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Italy
(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Freight House

16. Date (month and year) last engaged in this work Present, 1940

17. Total time (years) spent in this work 5 yrs.

MOTHER

18. Full maiden name Inez Dorothy Norton

19. Residence (usual place of abode) 434 East Halliday
(If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Inkom, Idaho
(State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Present, 1940

26. Total time (years) spent in this work 3 2/4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Six Born at 3:15 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address Pocatello Ida

Filed 11-24, 1940 W. D. C. Ray
Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 5 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

122008 ~~12200~~ State File No.
Local Reg. No. 254
Reg. Dist. No. 510

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ... city or town
(e) Died in a Home ... Hospital ✓ Institution ... Other place ...
(f) Name Hosp. or Inst. St. Anthony Stayed ... days
(g) Lived in this county ... years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello, Idaho
(d) Street Address or R. F. D. No. 434 E. Halliday
(e) Deceased lived Inside? ✓ Outside? ... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? ...
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME** Jeffery Valentine
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Nov. 17, 1940
8. **AGE** Years 0 Months 0 Days 0 If less than 1 day hrs min.
9. Exact Occupation none Did this work for ... yrs.
10. Industry or Business ✓ Date last worked
11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)
Father 12. Name Nick Valentine
Father 13. Birthplace Italy (City or town) (State or foreign country)
Mother 14. Maiden name Inez Norton
Mother 15. Birthplace Pocatello Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Nick Valentine and Address 434 E. Halliday
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/18/40 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Doward and Address Pocatello Idaho
19. (a) 11-18-1940 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 17 1940 at ... o'clock ... M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11/17 1940, to 11/17 1940
I last saw h— alive on 11/17 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
(a) Asthma
Due to (b) Pneumonia
Due to (c) Measles
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? PHYSICIAN
Name of operation ... Date ...
Major finding
Finding of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...
23. Attendant's **OWN** Signature C. L. Green M.D. (M. D. or other)
and Address Pocatello Ida Date 11/18 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Ketchum
No. ____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

DEC 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 304242

Registration District No. 410 State File No. ____
Prim. Registration District No. Stillborn Local Registrar's No. 137

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		yes	yes	11 19, 1940

FATHER

9. Full name: Kenneth Donald Gorman
10. Residence (usual place of abode) (If non-resident, give place and State): Ketchum, Idaho
11. Color or race: white | 12. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Minneapolis, Minnesota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: 6Mo.

MOTHER

18. Full maiden name: Hazel Marie Ellen Sevy
19. Residence (usual place of abode) (If non-resident, give place and State): Ketchum, Idaho
20. Color or race: white | 21. Age at last birthday: 17 (years)
22. Birthplace (city or place) (State or Country): Oklahoma

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? XX
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

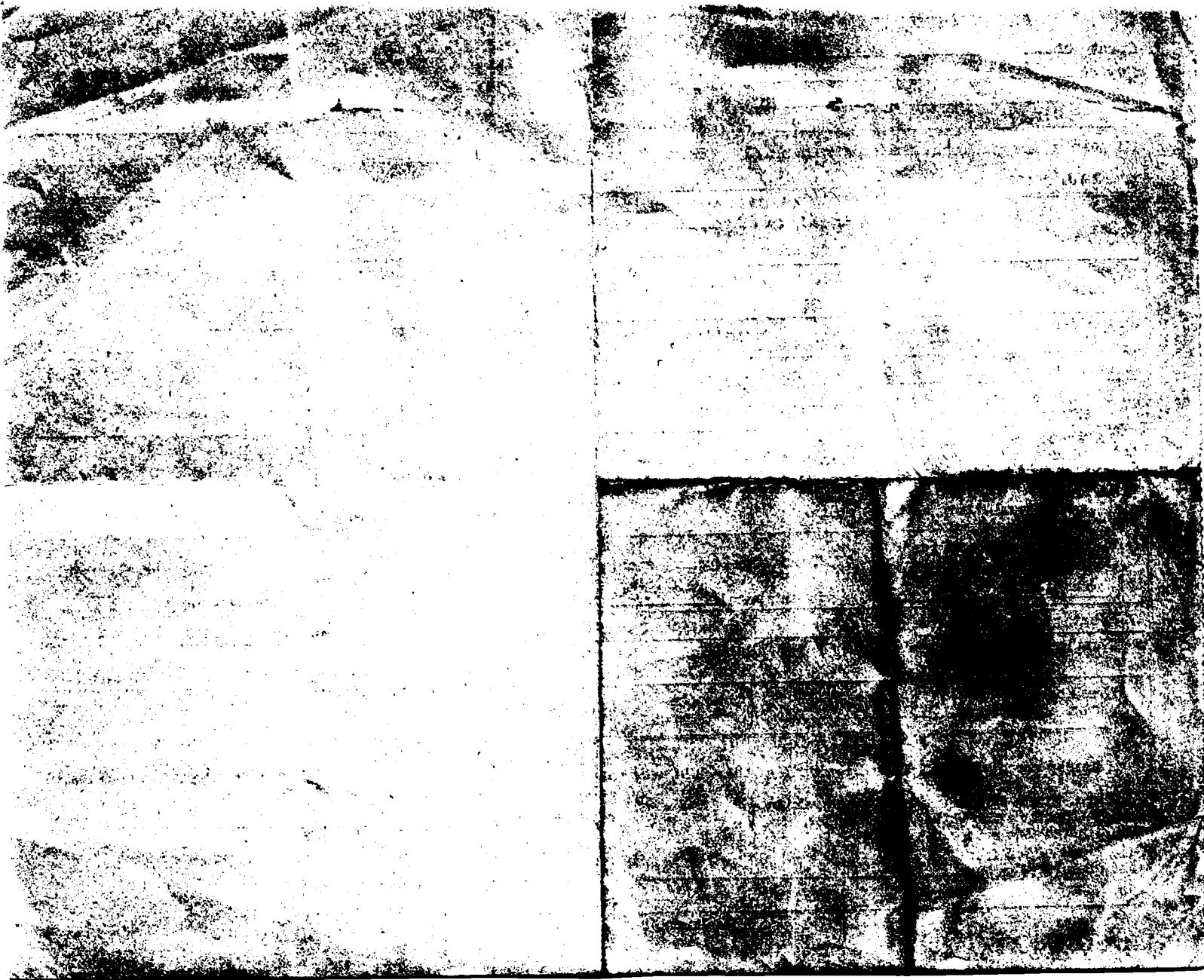
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:15 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)

(Signed) Mrs ____, M. D.
or X Mrs A. H. Baldwin Helper Midwife
Address X Picabo Idaho
Filed 12-2, 1940 Robert H. Wright
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

DEC 6 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

122009 ~~122010~~
State File No.
Local Reg. No. 46
Reg. Dist. No. 410

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Blaine
   (b) City or town Hailey
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Gorman

3. (b) If veteran, name war
3 (c) Social Security No.
5. Color or race white
6. (a) Single, widowed, married, divorced
4. Sex Female
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 19 1940

8. AGE	Years	Months	Days	If less than 1 day
				Stillborn hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name Kenneth Donald Gorman
13. Birthplace Minneapolis Minn (City or town) (State or foreign country)

Mother
14. Maiden name Hazel Irene Ellenberg
15. Birthplace Pocatello (City or town) (State or foreign country)

16. Informant's **OWN** Signature Kenneth D. Gorman and Address Hailey Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19 1940 (Month) (Day) (Year)
(c) Place: Pocatello
18. Funeral Director's **OWN** Signature L. Harris and Address Hailey Idaho
19. (a) 12-2-1940 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 19 1940 at 10:15 o'clock A. M.
21. I **HEREBY CERTIFY,** That I attended deceased from 19..., to 19...
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
No Doctor	
Due to Prematurity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. ~~Attendant's~~ **OWN** Signature Robert H. Wright - Blind Co-Registrar (M. D. or other)
and Address Hailey, Idaho Date 12-2 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia.* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint Ida
No. ____ St.
Home
(If born in hospital or institution give name.)

(RECEIVED) DEC 20 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 304243

Registration District No. 110 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 222

2. FULL NAME OF CHILD Stillborn Murphy

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term No
7. Legitimate? Yes
8. Date of birth Aug 21, 1940 (Month, Day, Year)

FATHER
9. Full name Charles Martin Murphy
10. Residence (usual place of abode) (If non-resident, give place and State) ____
11. Color or race White 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Kiel, Wis.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work Aug 21, 1940
17. Total time (years) spent in this work 5 yrs

MOTHER
18. Full maiden name Marth Gronau
19. Residence (usual place of abode) (If non-resident, give place and State) ____
20. Color or race White 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or Country) Dubuque, Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work Aug 21, 1940
26. Total time (years) spent in this work 16 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 3

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 10P. m. on the date above stated.
(~~Born Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Walter P. Wachs, M. D.
or ____, Midwife
Address Sandpoint Idaho

Give name added from a supplemental report ____
(Date of) ____
Registrar.

Filed Dec 16, 1940 Virgil C Anderson
Registrar.



'Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

122010 ~~122011~~ State File No.
Local Reg. No. 22
Reg. Dist. No. 12

1. PLACE OF DEATH:
(a) County Bonner SEP 8 1940
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho. (b) County Bonner
(c) City or town Ponderay, Idaho.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Stillbirth Murphy.

3. (b) If veteran, name war None. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6 (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Aug. 21, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Stillbirth			hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sandpoint (City or town) Idaho. (State or foreign country)

Father
12. Name Charles M. Murphy
13. Birthplace Keeler (City or town) Wis. (State or foreign country)

Mother
14. Maiden name Martha Gronaur
15. Birthplace Dubuque (City or town) Iowa. (State or foreign country)

16. Informant's **OWN** Signature Charles Murphy and Address Sandpoint Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-40 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's **OWN** Signature Lilly Moore. and Address Sandpoint Idaho.
19. (a) Aug 31 1940 (Date received and filed) (b) Virgil E Anderson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 21 Aug 1940
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillbirth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter L. Wenker (M. D. or other)
and Address Sandpoint Idaho Date Aug. 22 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Memorial Drive St.
L.D.S.
(If born in hospital or institution give name.)

DEC 21 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 304244

Registration District No. 610 State File No.
Prim. Registration District No. Local Registrar's No. 930

2. FULL NAME OF CHILD Stillborn

3. Sex Boy | If plural births { 4. Twin, triplet, or other / 5. Number, in order of birth } | 6. Premature yes Full term | 7. Legitimate? yes | 8. Date of birth Nov 14, 1940 (Month, Day, Year)

FATHER

9. Full name Lorenzo Dea Brown
10. Residence (usual place of abode) (If non-resident, give place and State) Iona, Idaho
11. Color or race W | 12. Age at last birthday 49 (years)
13. Birthplace (city or place) (State or Country) Cache County Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Govt.
16. Date (month and year) last engaged in this work Nov. 13, 1940 | 17. Total time (years) spent in this work 10 mo.

MOTHER

18. Full maiden name Josephine Young
19. Residence (usual place of abode) (If non-resident, give place and State) Iona, Idaho
20. Color or race W | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or Country) Coltman, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Nov. 13, 1940 | 26. Total time (years) spent in this work 23 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother X (At time of this birth and including this child)
(a) Born alive and now living X (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8½ { months ~~or weeks~~ | 30. Cause of stillbirth Asphyxia Placenta previa { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 55 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

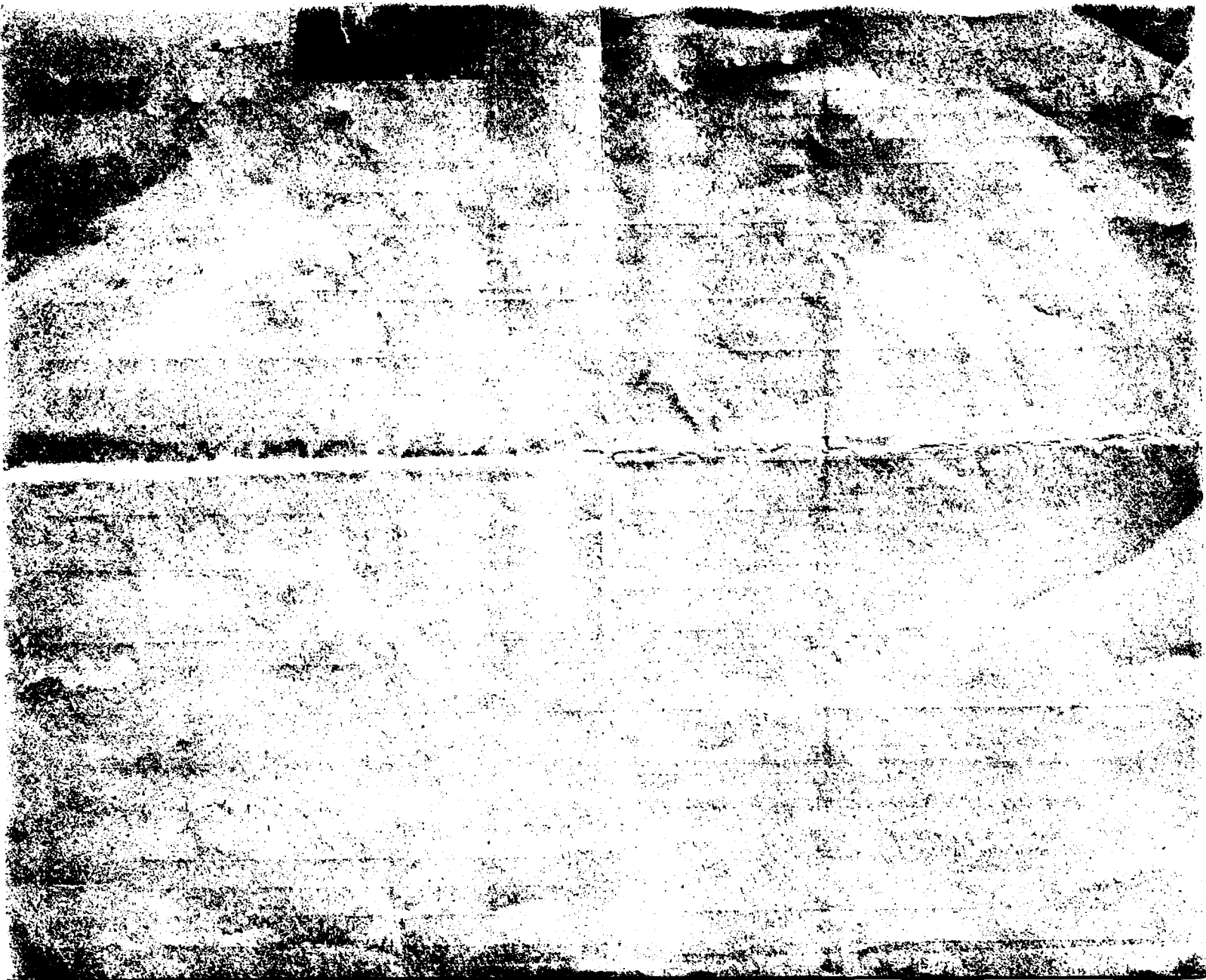
Give name added from a supplemental report

(Date of)

(Signed) [signature], M. D.
or ~~Midwife~~
Address Idaho Falls

Filed Dec. 10, 1940 Irma Bridges
Registrar.

Registrar.



122011 ~~122013~~

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 219
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital or Institution ....Other place ....
(f) Name Hosp. or Inst. I. F. H. Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Lorenzo
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? — Outside? — city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Hillbirth

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male race W 5. Color or race — 6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Nov. 14 - 1940.

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Lorenzo Allen Brown
13. Birthplace Randolph, Cache County, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Josephine Young
15. Birthplace Cokeville, Wyoming (City or town) (State or foreign country)

16. Informant's **OWN** Signature Iona, Idaho
and Address Lorenzo, Idaho Rt. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 15 (Day) 40 (Year)
(c) Place: Iona, Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward
and Address .....
19. (a) Nov. 14 1940 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 12 '40
at ? o'clock .... M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 13 1940 to Nov 14 1940
I last saw h~~e~~ alive on Nov 14 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia Neonatorum — Duration
Due to Cord Prolapse Previa
Due to —
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation Version Date 11/14/40
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Idaho Falls Date 11/14 19/40
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Memorial Drive St.

L. D. S. Hospital.

(If born in hospital or institution give name.)

RECEIVED DEC 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

Registration District No. 610 State File No. 304245

Prim. Registration District No. Local Registrar's No. 904

2. FULL NAME OF CHILD Baby Clawson

3. Sex boy | If plural births { 4. Twin, triplet, or other X / 5. Number, in order of birth } | 6. Premature 5 Mo. Full term | 7. Legitimate? yes | 8. Date of birth Nov. 23, 1940 (Month, Day, Year)

FATHER

9. Full name Leo Rugard Clawson.

10. Residence (usual place of abode) 113 College Ave (If non-resident, give place and State) City Idaho Falls

11. Color or race w. | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Providence Utah. (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Montgomery Ward.

16. Date (month and year) last engaged in this work Nov. 23, 1940.

17. Total time (years) spent in this work 2 yr.

MOTHER

18. Full maiden name Nona Opal Watson

19. Residence (usual place of abode) 113 College City (If non-resident, give place and State)

20. Color or race w. | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Menan Idaho (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Nov. 23, 1940.

26. Total time (years) spent in this work 6 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother IV (At time of this birth and including this child)
(a) Born alive and now living II (b) Born alive but now dead — (c) Stillborn yes

29. If stillborn, period of gestation 5 Mo. { months or weeks }

30. Cause of stillbirth Premature { Before labor — / During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn. (Born Alive or Stillborn) at 2 30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. C. Eriksen, M. D.

or ..... Midwife

Address Idaho Falls, Idaho

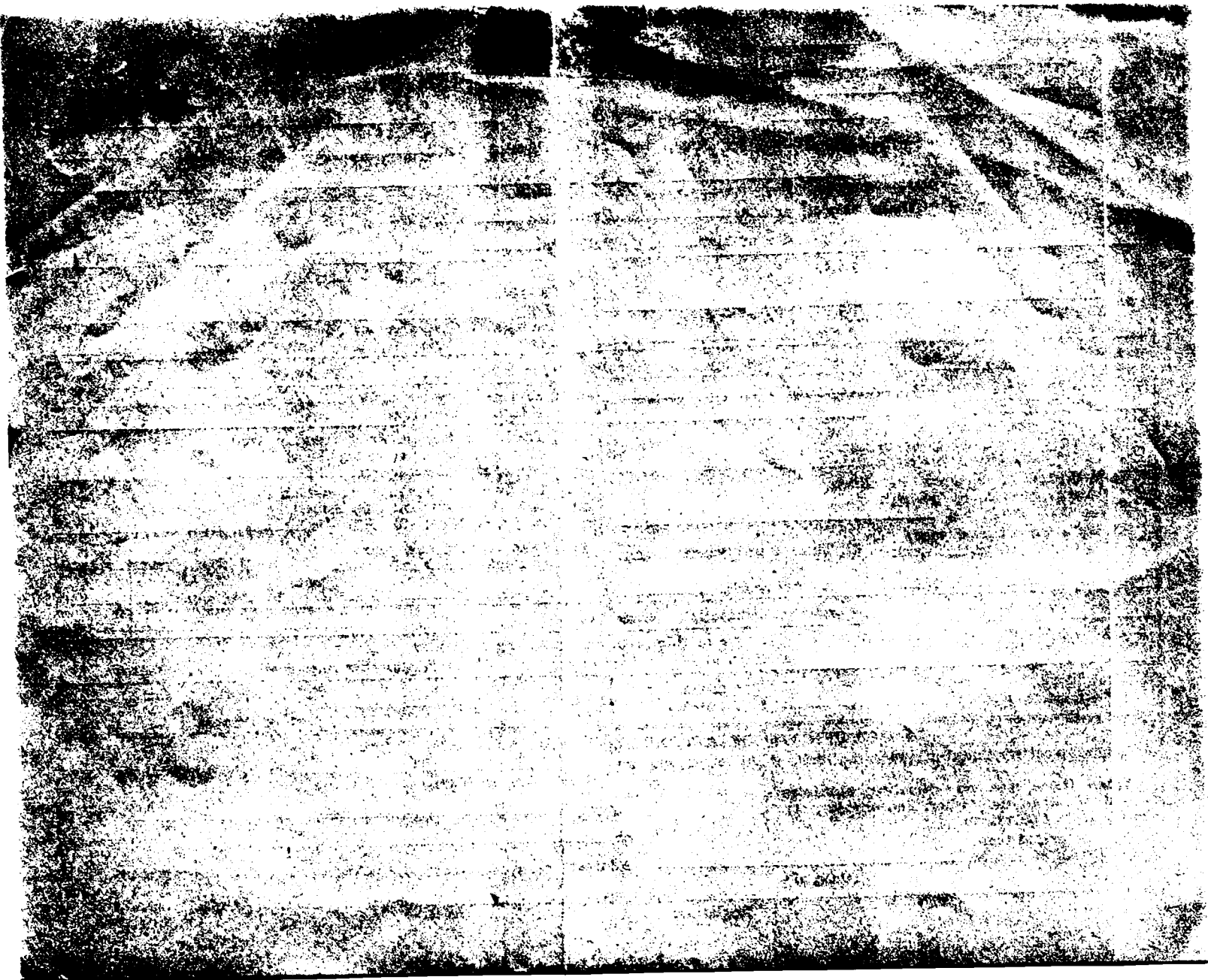
Give name added from a supplemental report

(Date of)

Filed Dec. 4, 1940 Anna Bridges

Registrar.

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED DEC 10 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

122012 ~~122016~~
State File No.
Local Reg. No. 228
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? yes Outside? — city or town
(e) Died in a Home ....Hospital or Institution ....Other place ....
(f) Name Hosp. or Inst. L. D. S. Hospital Stayed .....days
(g) Lived in this county .....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? .....Outside? .....city or town
(f) If foreign born, in U. S. .....yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? .....years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Clawson.

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male race W
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive ——— years
7. Date of Birth (Month, Day, Year) Nov. 23 - 1940.

8. AGE	Years	Months	Days	If less than 1 day
				Still born hrs min.

9. Exact Occupation — Did this work for .....yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Idaho Falls Idaho. (City or town) (State or foreign country)

Father
12. Name Leo Rudyard Clawson.
13. Birthplace Providence Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Nona Opal Watson.
15. Birthplace Menan Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Iris Virginia Watson
and Address Idaho Falls Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24 - 40 (Month) (Day) (Year)
(c) Place: .....
18. Funeral Director's **OWN** Signature home —
and Address .....
19. (a) Nov. 24 - 40 (Date received and filed) (b) Quinn Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 23 1940
at ✓ o'clock .....M.

21. I **HEREBY CERTIFY,** That I attended deceased from Sept. 1 1940, to Nov. 23 1940
I last saw h— alive on Nov. 20 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to 5 mos.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. C. Emerson (M. D. or other)
and Address Idaho Falls Date 11-23 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*
multiple skeletal fractures

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;*
generalized carcinomatosis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECD DEC 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 304246

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Memorial Drive St.
L.D.S. Hospital
(If born in hospital or institution give name.)

Registration District No. 610 State File No.
Prim. Registration District No. Local Registrar's No. 859

2. FULL NAME OF CHILD Baby Cof Stillbirth

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature yes Full term | 7. Legitimate? yes | 8. Date of birth 11-24, 1940 (Month, Day, Year)

FATHER

9. Full name Louie B. Cof
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley Idah
11. Color or race W | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Salt Lake City

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm
16. Date (month and year) last engaged in this work Nov, 1940 | 17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Darlene Hiatt
19. Residence (usual place of abode) (If non-resident, give place and State) Shelley Idaho
20. Color or race W | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) St Paul Minnesota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work Nov, 1940 | 26. Total time (years) spent in this work 8

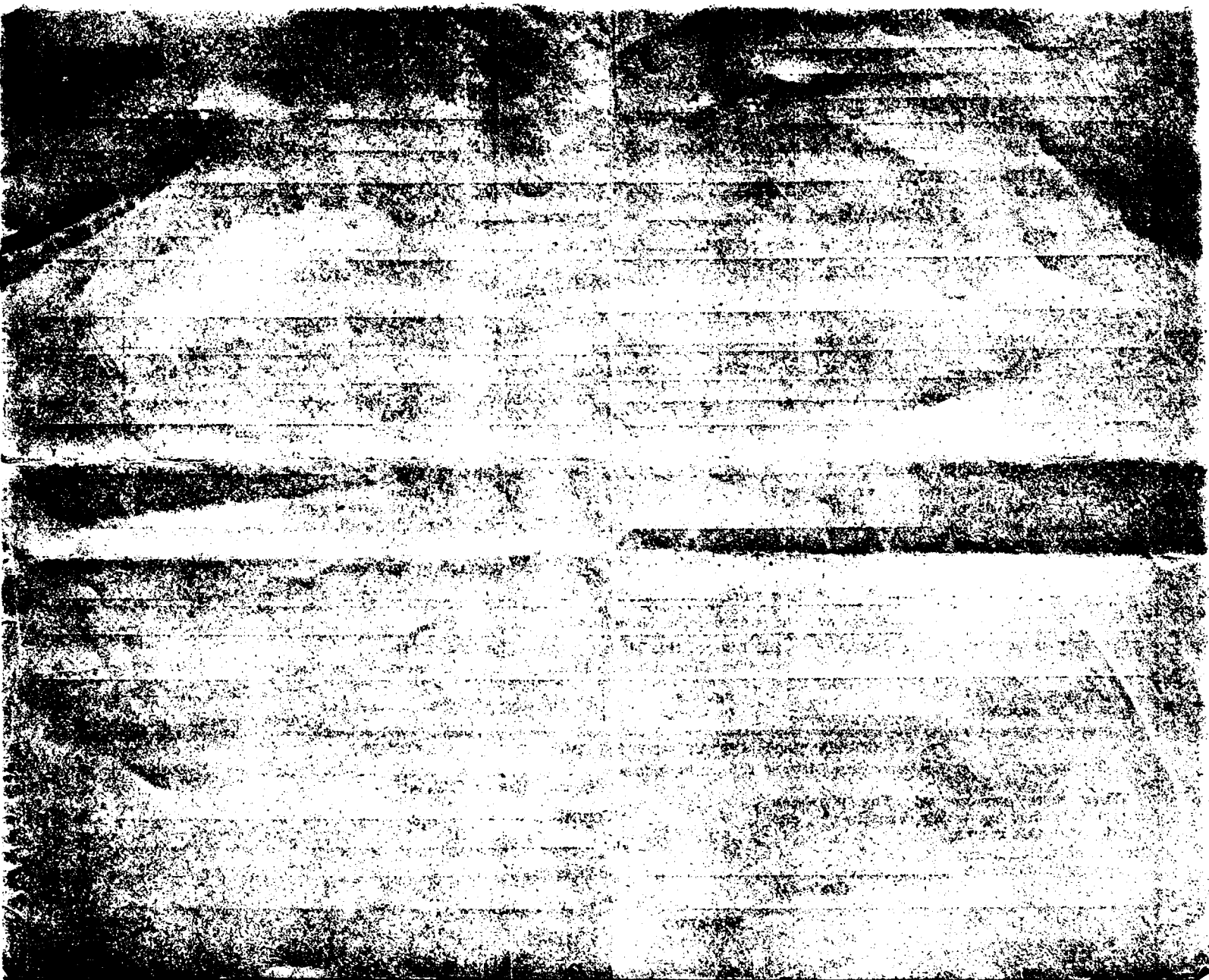
27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 2
29. If stillborn, period of gestation 5 1/2 mo. (months or weeks) | 30. Cause of stillbirth Placenta Previa Before labor ✓ During labor Before.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born (Born Alive or Stillborn) at 10:15 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

(Signed) [signature], M. D.
or , Midwife
Address
Filed Nov 30, 1940 Anna Bridges Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

122013 ~~122017~~ State File No.
Local Reg. No. 229
Reg. Dist. No. 610

RECEIVED DEC 10 1940

1. **PLACE OF DEATH:**
(a) County Bonneville County
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place highway
(f) Name Hosp. or Inst. Idaho Falls Hosp. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Still birth

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 24, 1940

8. AGE	Years	Months	Days	If less than 1 day: hrs. / min.
				Still birth

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Idaho Falls (City or town) (State or foreign country)

Father
12. Name Louis B. Cox
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

Mother
14. Maiden name Darlene Kitt
15. Birthplace St Paul Minnesota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Louis B. Cox and Address Idaho Falls
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Nov. 25-40 (Month) (Day) (Year)
(c) Place: Rigby, Ida.
18. Funeral Director's **OWN** Signature None - and Address
19. (a) Nov 25-40 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 24 1940 at 10 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Nov 24 1940 to Nov 24 1940
I last saw h.e.r alive on Nov 24 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity — Duration 5 hrs
Due to Placenta Previa Hemorrhage
Due to
Other conditions Pregnancy
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. W. Nash MD
and Address Idaho Falls (M. D. or other)
Date Nov 24 1940

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 304247

RECEIVED DEC 10 1940

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Bonneville St.
L. D. S. Hospital
(If born in hospital or institution give name.)

Registration District No. 610 State File No.
Prim. Registration District No. Local Registrar's No. 910

2. FULL NAME OF CHILD Stillbirth Kendall

3. Sex Boy | If plural births: 4. Twin, triplet, or other X 5. Number, in order of birth X | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth Nov 28, 1940 (Month, Day, Year)

FATHER

9. Full name John Albert Kendall
10. Residence (usual place of abode) (If non-resident, give place and State) Roberts, Idaho
11. Color or race white 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Slater Wyoming

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor (farmer)
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Construction etc
16. Date (month and year) last engaged in this work July, 1940
17. Total time (years) spent in this work 4 1/2 -

MOTHER

18. Full maiden name Edith Ivory Holmes
19. Residence (usual place of abode) (If non-resident, give place and State) Roberts, Idaho
20. Color or race white 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Grimal, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. (waitress) housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Café - own home
25. Date (month and year) last engaged in this work 3 years, 1937
26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation full term months or weeks
30. Cause of stillbirth — Before labor yes During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 9:55 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. L. Schiess, M. D.
or , Midwife
Address Shelley, Idaho

Give name added from a supplemental report
(Date of)
Registrar.

Filed Dec 14, 1940 Anna Bridges
Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122014 ~~122015~~
Local Reg. No. 238
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital ✓ Institution ....Other place ....
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed .....days
(g) Lived in this county .....years Stillbirth months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. .....yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? .....years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Stillbirth Kendall

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race White
6. (b) Name of husband or wife .....
(c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov. 28, 1940
8. **AGE** — Years | Months: Stillbirth | Days | If less than 1 day: hrs min.
9. Exact Occupation ..... Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls (City or town) (State or foreign country)

Father
12. Name John Albert Kendall
13. Birthplace Slater, Wyoming (City or town) (State or foreign country)

Mother
14. Maiden name Edith Ivory Holmes
15. Birthplace Vernal, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature ✓ John Albert Kendall and Address Robert Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 29-40 (Month) (Day) (Year)
(c) Place: Kelley, Idaho
18. Funeral Director's **OWN** Signature Leo R. Williams and Address Idaho Falls, Idaho
19. (a) Dec 4-1940 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 28 1940 at 9:55 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from 11-28 1940, to 11-28 1940
I last saw him alive on ..... 19....., death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
asphyxia	
Due to Premature Separation	
Due to Loss of Blood Labor	
Other conditions Caesarian Section	aug. 39
(Include pregnancy within 3 months of death) for last birth	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. L. Schiess
and Address Kelley, Idaho (M. D. or other) Date 11/28 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____ St.

(If born in hospital or institution give name.)

RECEIVED DEC 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

30424

CERTIFICATE OF BIRTH

Registration District No. 610 State File No. S

Prim. Registration District No. ____ Local Registrar's No. 918

2. FULL NAME OF CHILD Randy Bill Haws

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term yes	yes	Dec 3, 1940 (Month, Day, Year)

FATHER

9. Full name: Darold A. Haws

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls

11. Color or race: W | 12. Age at last birthday: 23 (years)

13. Birthplace (city or place) (State or Country): Baker City, Oregan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Trucker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: Dec. 3, 1940

17. Total time (years) spent in this work: 3 yrs

MOTHER

18. Full maiden name: Virginia G. Hines

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls

20. Color or race: W | 21. Age at last birthday: 19 (years)

22. Birthplace (city or place) (State or Country): Idaho Falls, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: Dec. 3, 1940

26. Total time (years) spent in this work: 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? [illegible] Argyol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation: full time (months or weeks)

30. Cause of Stillborn: proplapsed cord (During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 2 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of)

(Signed) G. A. Anspersle M. D.

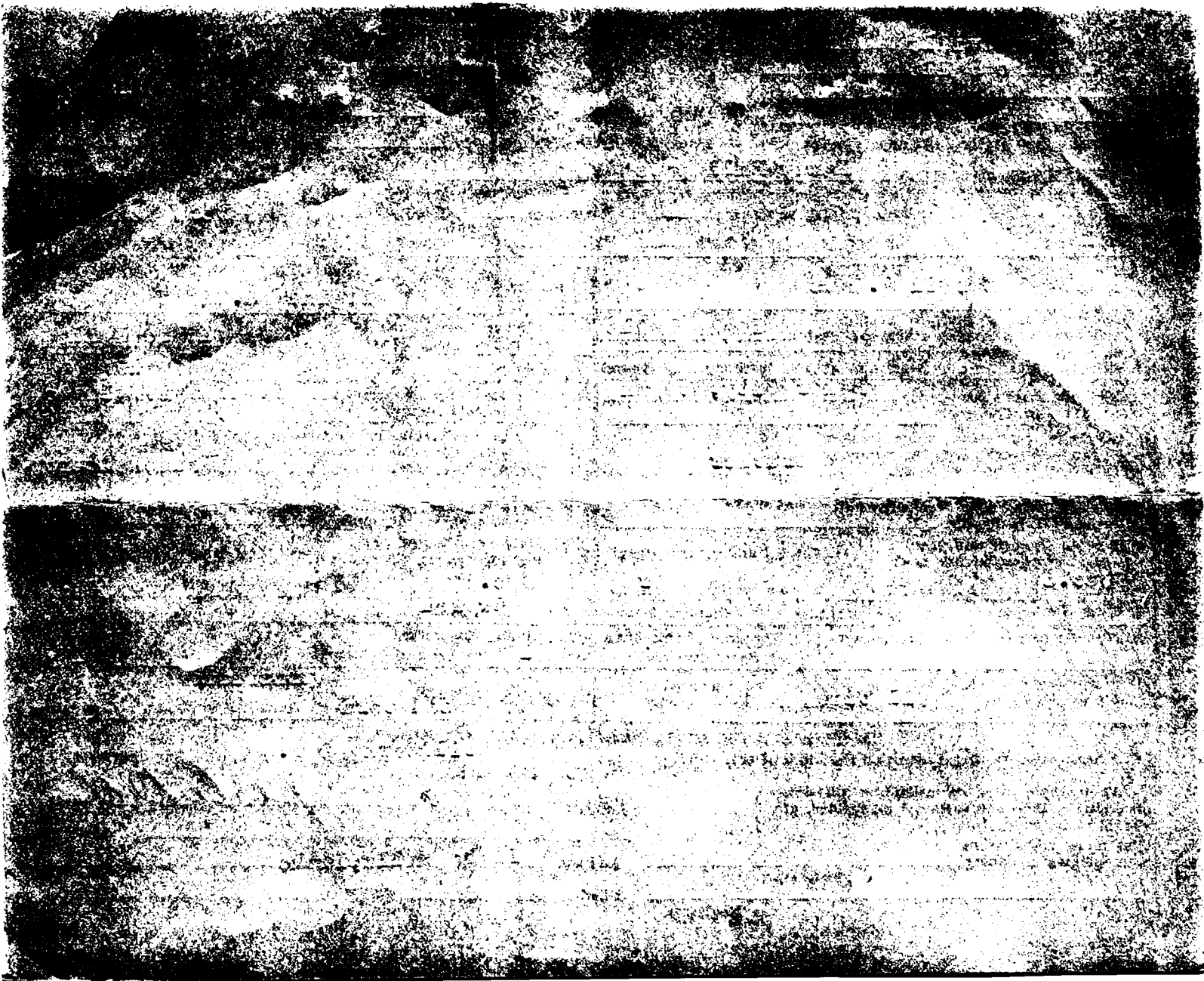
or ____, Midwife

Address Idaho Falls, Idaho

Filed Dec. 5, 1940 Irma Bridges

Registrar.

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED DEC 14 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122015 ~~122014~~
Local Reg. No. 237
Reg. Dist. No. 6-10

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. 1051 Holmes Ave.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 1051 Holmes
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** RANDY BILL HAWS

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 7, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs 0 min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

Father
12. Name Darold A. Haws
13. Birthplace Baker City, (City or town) Oregon (State or foreign country)

Mother
14. Maiden name Virginia Grace Hines
15. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature L. M. G. Haws
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1940 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature O. A. Buck
and Address Idaho Falls, Idaho
19. (a) Dec. 7-40 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 3 1940
at 2:00 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from From Dec. 2 1940 to Dec. 3 1940
I last saw him alive on 2 A.M. 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Still birth
Due to prolapsed cord
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature G. A. Applebee M.D. (M. D. or other)
and Address Idaho Falls Date Dec. 7 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 304249

RECEIVED
SEP 11 1940

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. [redacted] St. Memorial Park Hos
(If born in hospital or institution give name.)

Registration District No. 360 State File No.
Prim. Registration District No. Local Registrar's No. 273

2. FULL NAME OF CHILD Hillborn.

3. Sex M. | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature Yes Full term — | 7. Legitimate? Yes. | 8. Date of birth Aug. 26 1940 (Month, Day, Year)

FATHER

9. Full name Leslie V. Remsett
10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Rte 2
11. Color or race W | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Eddiville Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm.
16. Date (month and year) last engaged in this work Present, 1940
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Wilma L. Porath
19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Rte 2
20. Color or race W | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Mason city Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home.
25. Date (month and year) last engaged in this work Present, 1940
26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 months { months / ~~or weeks~~ }
30. Cause of Stillbirth Asphyxiation. (During labor) Premature Birth (Before labor) —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [redacted] at 10 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. C. R. Whitenberger M.D.
or ....., Midwife
Address Caldwell, Idaho

Give name added from a supplemental report
(Date of)

Filed 9-3-40, 193
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

122016 122063 State File No. [redacted]7
Local Reg. No. 1 0
Reg. Dist. No. 940

RECEIVED
SEP 11 1940

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ... Hospital ✓ Institution ... Other place ...
(f) Name Hosp. or Inst. Memorial Park Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME** Baby Kennicutt 154

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M race W
5. Color or race W
5. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug 26 1940

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	Still Born hrs min.

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)

Father
12. Name Leslie V. Kennicutt
13. Birthplace Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Wilma Barath
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leslie V. Kennicutt and Address Caldwell Idaho R 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-40 (Month) (Day) (Year)
(c) Place: Canyon Hill - Caldwell
18. Funeral Director's **OWN** Signature C. W. Dakan - Peckham Chapel and Address 504 S. Kimball Caldwell Ida
19. (a) 8-25-40 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 161a

20. **DATE OF DEATH** (Month, Day, Year) Aug 26 1940 at 11:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 26 1940 to Aug 26 1940
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Asphyxiation and premature birth.
Due to 6 months gestation
Separation of placenta
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Dr. C. R. Whittenberger D.C. (M. D. or other)
and Address Caldwell Ida Date Aug 30 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of J. W. Oakan Lic. No E-285 at Caldwell on Aug 26/40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 304250

RECEIVED OCT 11 1940

1. PLACE OF BIRTH
County of Canyon
City of Parma
No. _____ St.
(If born in hospital or institution give name.)

Registration District No. 364 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. 492

2. FULL NAME OF CHILD Stillborn at term

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	Full term Yes	Yes	9-23-40 19__ (Month, Day, Year)

FATHER	MOTHER
9. Full name: Sherman Robey	18. Full maiden name: Velma Hite
10. Residence (usual place of abode) (If non-resident, give place and State): Parma Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Parma Ida
11. Color or race: W | 12. Age at last birthday: 33 (years)	20. Color or race: W | 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Mo.	22. Birthplace (city or place) (State or Country): Fla
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: W.P.A.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: 9-23-40 19__	17. Total time (years) spent in this work: 1 Yr.
25. Date (month and year) last engaged in this work: 9-22-40 19__	26. Total time (years) spent in this work: 6 Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes Silvol 20 %

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation: At term (months or weeks)

30. Cause of Stillbirth: Aborto Placenta (During labor / Before labor: Before)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

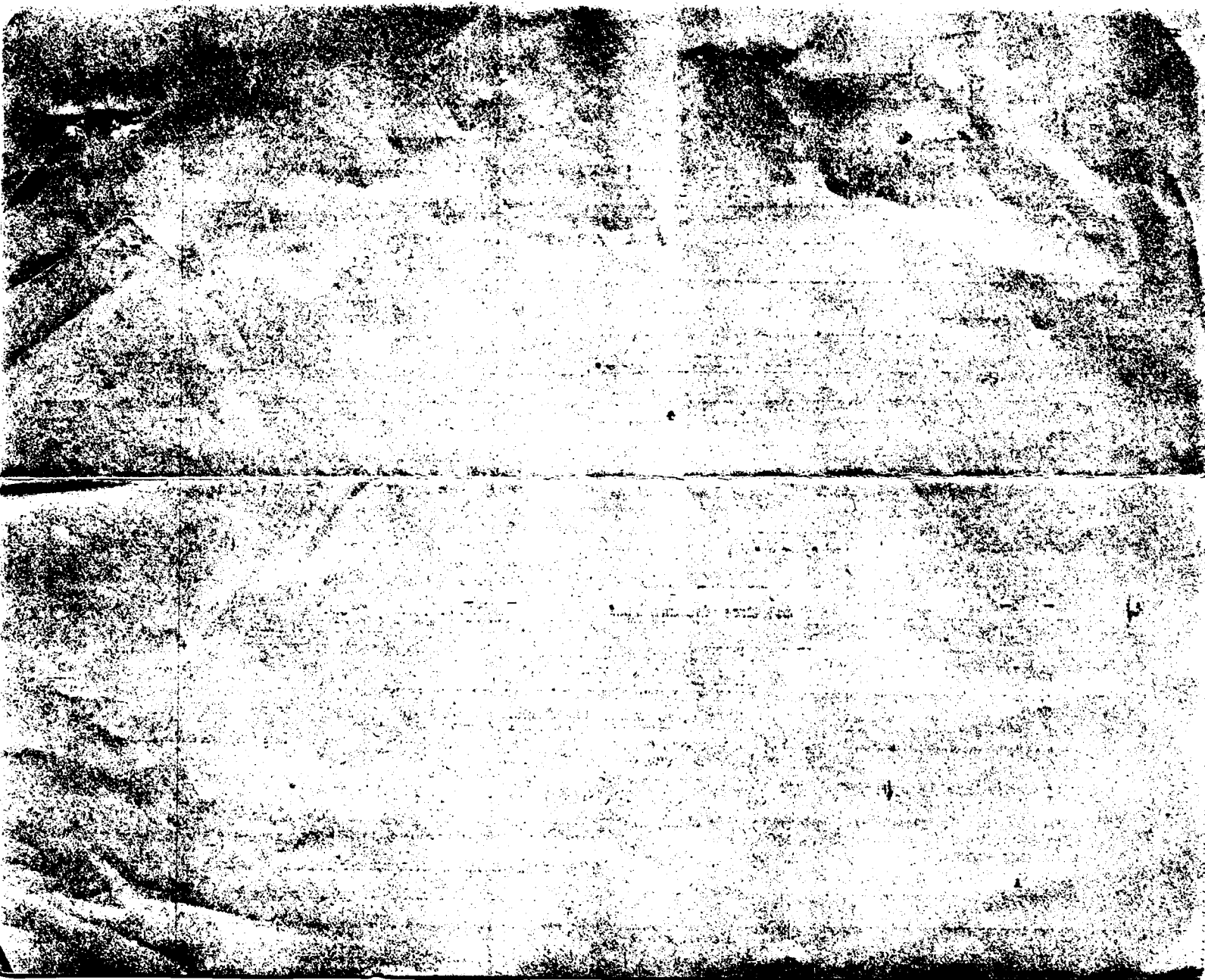
I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 4 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) L. M. Mitchell, M. D.
or _____, Midwife
Address Parma Idaho
Filed 9-30, 1940 Mrs Ruth Hill
Registrar.

_____ Registrar.



122017 ~~122022~~

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Parma.

Registration District No. 364
Primary Registration District No.
(No. ....., ... St.)

File No. 10
Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Stellbarn (Rokey)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Sept 23 (Month) (Day) 1940 (Year)

7. AGE: Stellbarn yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Parma Idaho.

10. NAME OF FATHER: Sherman Rokey

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Velma Hite

13. BIRTHPLACE OF MOTHER (State or Country): Fla.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W M Hatchell
(Address) Parma Idaho

15.
Filed 10-30 1940 Mrs Ruth Hill
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 1st (Month) (Day) 1940 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1940, to Sept 23 1940 that I last saw h..... alive on Stellbarn 191..... and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Premature detachment of Placenta

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W M Hatchell M. D.
11-9 1940 (Address) Parma Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ..... 191...

20. UNDERTAKER | ADDRESS

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: *(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers,* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility, (Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, *septicemia*", "PUERPERAL *peritonitis,*" etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train —accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 9 1940

CERTIFICATE OF BIRTH S 304251

Registration District No. 390 State File No.

Prim. Registration District No. Local Registrar's No. 39

1. PLACE OF BIRTH
County of Elmore
City of Mtn. Home
No. St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Stillborn

3. Sex Female | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth Nov. 16, 1940 (Month, Day, Year)

FATHER

9. Full name Ernest A Capel
10. Residence (usual place of abode) (If non-resident, give place and State) Prairie Ida
11. Color or race W | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Garden Valley Ida

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Opal L. Watson
19. Residence (usual place of abode) (If non-resident, give place and State) Prairie Ida
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Ogallala Nebr

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ..., 19...
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol Argyrol

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 8½ months { months or weeks

30. Cause of Stillbirth The mother fell { Before labor Yes / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:15 A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

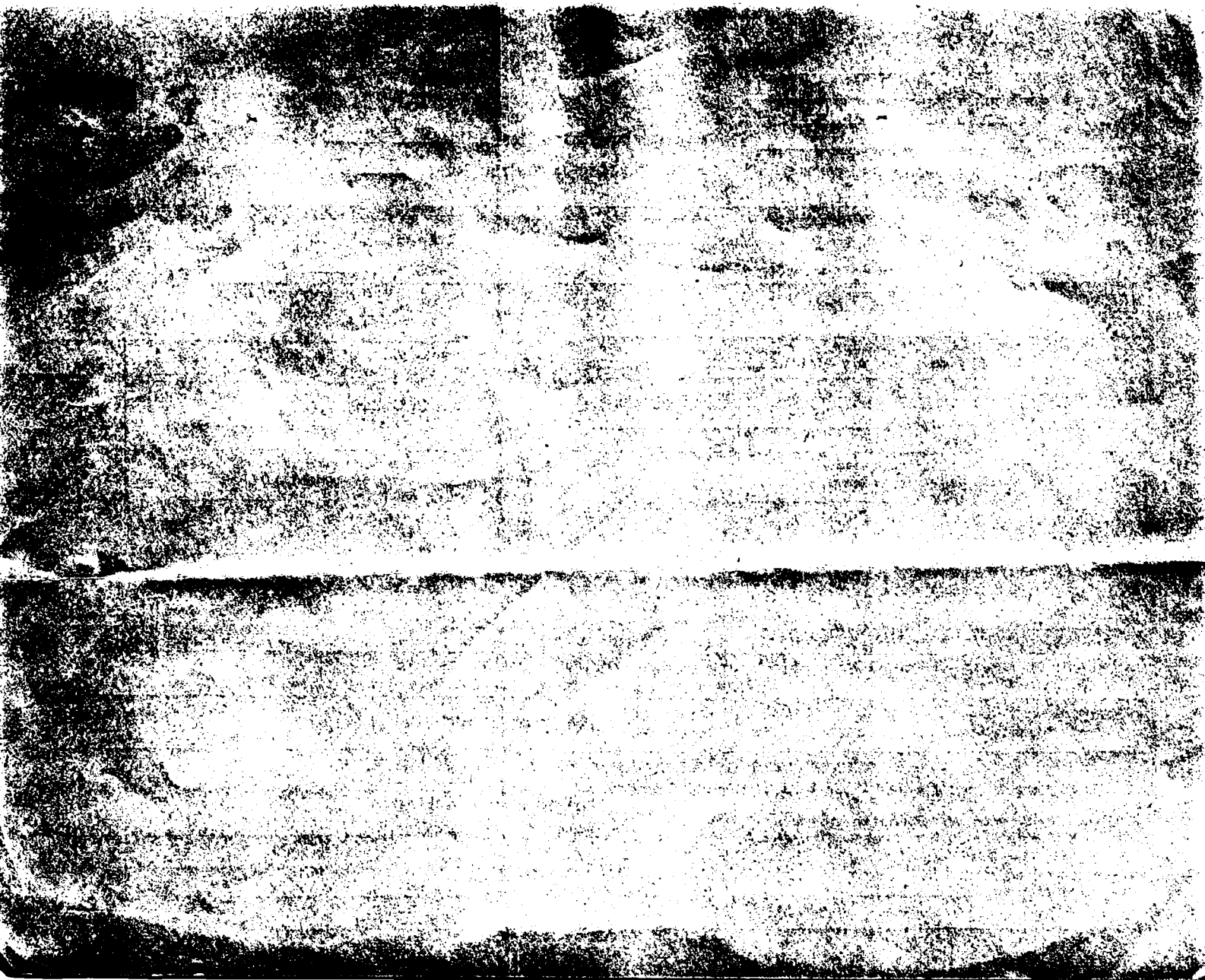
(Signed) J E Evans, M. D.
or Midwife
Address Mountain Home Ida

Give name added from a supplemental report
(Date of)

Filed 12-4, 1940

Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

122018 ~~122023~~ State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Elmore
(b) City or town Mountain Home
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mountain Home
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Stillborn

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 16, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Mountain Home (City or town) Idaho (State or foreign country)

Father
12. Name Ernest Cord
13. Birthplace Garden Valley Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Opal Watson
15. Birthplace Colorado (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ernest Cord
and Address Mountain Home Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1940 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery
18. Funeral Director's **OWN** Signature Elija D. Bey
and Address Mountain Home Idaho
19. (a) 11-23-40 (Date received and filed) (b) H. Andrews (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 16 1940
at 1:40 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11-16-1940, to 11-16-1940.
I last saw ~~him~~ alive on ——— 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Seperation of Placenta
the result of a fall
Due to Four days before birth
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 11-16-1940 City, county, state where violence occurred Mountain Home Idaho
Place of Violence: Home Yes Farm Industry
Public Place While at work?
Means of injury A fall

23. Attendant's **OWN** Signature J. E. Evans M.D. (M. D. or other)
and Address Mountain Home Ida. Date 11-20-1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia*; *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

General Memorial Hosp.

(If born in hospital or institution give name.)

DEC 17 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 304252

Registration District No. 640 State File No. _____

Prim. Registration District No. 2119 Local Registrar's No. 27

2. FULL NAME OF CHILD Call

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term —

7. Legitimate? —

8. Date of birth Nov. 23, 1940 (Month, Day, Year)

FATHER

9. Full name Silvan Verl Call

10. Residence (usual place of abode) (If non-resident, give place and State) Dayton, Idaho

11. Color or race White | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Dayton Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Ruth Barton

19. Residence (usual place of abode) (If non-resident, give place and State) Dayton Idaho

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Preston Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother / (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6 30/60 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

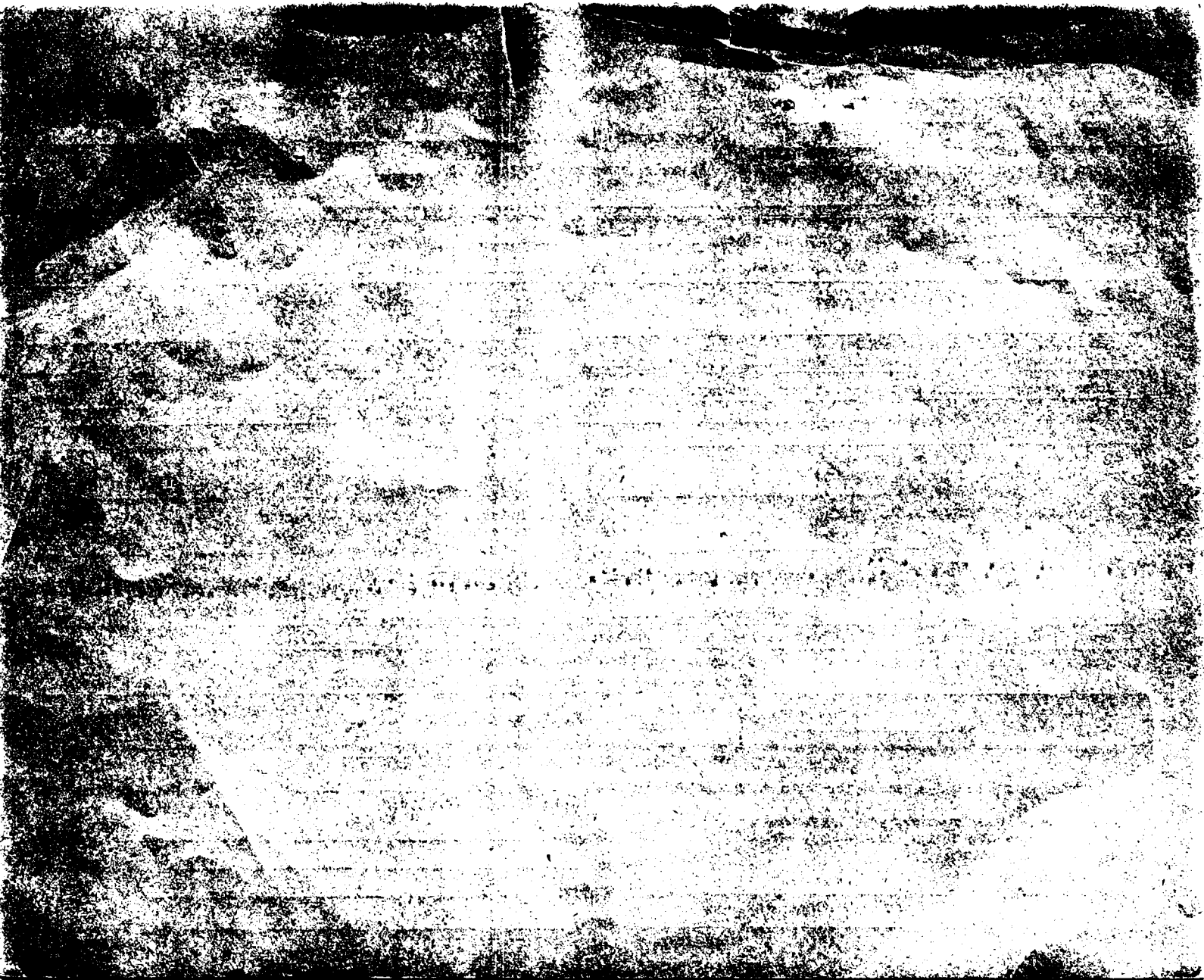
_____
Registrar.

(Signed) C. R. Cutler, M. D.

or _____, Midwife

Address Preston Idaho

Filed Dec 5, 1940 G. W. Sales
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

122019 ~~122024~~

State File No.....
Local Reg. No. 24
Reg. Dist. No. 540

DEC 17 1940

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No.....
(d) Death Occurred Inside? In Outside? ....city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. Preston Stayed.....days
(g) Lived in this county.....years.....months.....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No.....
(e) Deceased lived Inside? In Outside?.....city or town
(f) If foreign born, in U. S.....yrs. Citizen of U. S.?.....
(g) How long had deceased lived in Idaho?.....years
(h) Former residence (city, state).....

3. (a) **FULL NAME** BABY Call ~~Lorn~~ CALL

3. (b) If veteran, name war..... 3. (c) Social Security No.....
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov 23 1940

8. AGE	Years	Months	Days	If less than 1 day hrs 0 min.

9. Exact Occupation none Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Preston Idaho (City or town) (State or foreign country)

Father
12. Name Sylvai Call
13. Birthplace Dayton Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Ruth Barton
15. Birthplace Preston Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Clarence Call and Address Dayton Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25 40 (Month) (Day) (Year)
(c) Place: Dayton Ida
18. Funeral Director's **OWN** Signature M W Kendrick and Address Preston Idaho
19. (a) Dec 3 1940 (Date received and filed) (b) G. W. Coates (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 23 1940 19.....
at (o'clock P M.

21. I, **HEREBY CERTIFY,** That I attended deceased from Nov 23 1940, to Nov 23 1940
I last saw h..... alive on Nov 23 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration Stillborn
Due to Long Labor
Due to Complicated Delivery
Other conditions Toxemia of Preg. 2 weeks
(Include pregnancy within 3 months of death)

Where was disease first contracted? Not Dr
Name of operation..... Date.....
Major finding .....
Finding of autopsy.....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

23. Attendant's **OWN** Signature C. R. Cutler (M. D. or other)
and Address Preston Idaho Date 12-3-1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304253 S

1. PLACE OF BIRTH
County of Bonning
City of Bonning
No. 14th St. Main St.
Bonning County Hospital
(If born in hospital or institution give name.)

NOV 1 5 1940

Registration District No. 420 State File No.
Prim. Registration District No. Local Registrar's No. 893

2. FULL NAME OF CHILD John Howard Woodrill

3. Sex: Mal
If plural births: 4. Twin, triplet, or other 1; 5. Number, in order of birth
6. Premature: Full term Yes
7. Legitimate? Yes
8. Date of birth Oct. 1, 1940 (Month, Day, Year)

FATHER

9. Full name: Frank Lee Woodrill
10. Residence (usual place of abode) (If non-resident, give place and State): Bonning, Idaho
11. Color or race: W | 12. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Ft. Edward Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: garage (Auto)
16. Date (month and year) last engaged in this work: October, 1940
17. Total time (years) spent in this work: 5

MOTHER

18. Full maiden name: Evelyn Fink
19. Residence (usual place of abode) (If non-resident, give place and State): Bonning, Idaho
20. Color or race: W | 21. Age at last birthday: 30 (years)
22. Birthplace (city or place) (State or Country): Bonning Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Secretary
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Abstract Office
25. Date (month and year) last engaged in this work: May, 1938
26. Total time (years) spent in this work: 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation: months or weeks
30. Cause of Stillbirth: Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

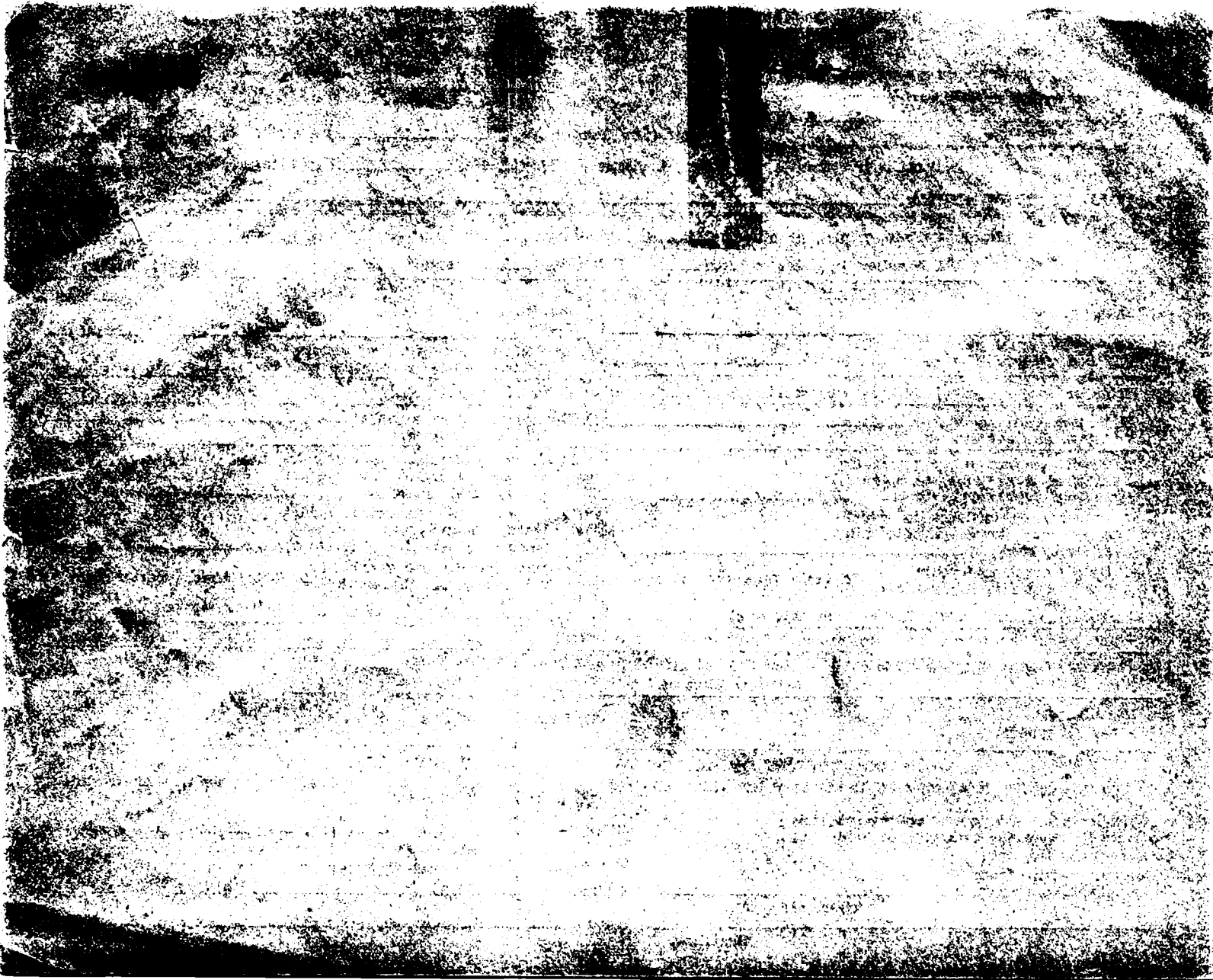
I hereby certify that I attended the birth of this child, who was Still born (Born Alive or Stillborn) at 1:50 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) R E. Barrett, M. D.
or , Midwife
Address Grooding Idaho

Give name added from a supplemental report
(Date of)
Registrar.

Filed Oct. 31st, 1940 J H Cromwell
Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

122020 ~~12203~~ State File No.
Local Reg. No. 909
Reg. Dist. No. 420

1. PLACE OF DEATH: DEC 17 1940
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R.F.D. No.
(d) Death Occurred Inside? ✓ Outside? ....city or town
(e) Died in a Home ....Hospital ....Institution ....Other place ....
(f) Name Hosp. or Inst. ....Stayed ....days
(g) Lived in this county ....years Stillborn months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State .... (b) County ....
(c) City or town ....
(d) Street Address or R. F. D. No. ....
(e) Deceased lived Inside? .... Outside? .... city or town
(f) If foreign born, in U. S. .... yrs. Citizen of U. S.? ....
(g) How long had deceased lived in Idaho? .... years
(h) Former residence (city, state) ....

3. (a) **FULL NAME** Calvin Howard Dodrill

3. (b) If veteran, name war .... 3. (c) Social Security No. ....

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced ....

6. (b) Name of husband or wife .... 6 (c) Age of husband or wife if alive .... years

7. Date of Birth (Month, Day, Year) Oct 12th 1940

8. **AGE** — Years | Months | Days | If less than 1 day hrs min.
Stillborn

9. Exact Occupation .... Did this work for .... yrs.

10. Industry or Business .... Date last worked ....

11. Birthplace Gooding (City or town) Idaho (State or foreign country)

Father
12. Name Frank Lee Dodrill
13. Birthplace W. Edward Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Evelyn Fink
15. Birthplace Gooding, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Frank L. Dodrill
and Address Gooding, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1940 (Month) (Day) (Year)
(c) Place: Edmunds Cemetery

18. Funeral Director's **OWN** Signature ....
and Address ....

19. (a) 11-30-40 (Date received and filed) (b) J. H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 12 1940
at .... o'clock ... M.

21. I **HEREBY CERTIFY**, That I attended deceased from ... 19 ... to ... 19 ....
I last saw h.... alive on .... 19 ....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Prolonged Labor
Due to Toxic Condition
Due to Premature
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? ....
Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19 .... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature T. E. O'Burrell (M. D. or other)
and Address Gooding Date 11/7 19 40
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 304254

RECEIVED DEC 13 1940

Registration District No. 220 State File No.

Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St.
St. Joseph's Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wm. Joseph Feider

3. Sex Male

If plural births { 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term ✓

7. Legitimate? Yes

8. Date of birth Sept 20 1940 (Month, Day, Year)

FATHER

9. Full name Joseph Feider

10. Residence (usual place of abode) (If non-resident, give place and State) ?

11. Color or race W

12. Age at last birthday ✓ (years)

13. Birthplace (city or place) Pomeroy (State or Country) Washington

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miller

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Flour mill

16. Date (month and year) last engaged in this work ✓, 19

17. Total time (years) spent in this work ✓

MOTHER

18. Full maiden name Catherine Smith

19. Residence (usual place of abode) (If non-resident, give place and State) ?

20. Color or race W

21. Age at last birthday ✓ (years)

22. Birthplace (city or place) Nezperce (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 months ~~or weeks~~

30. Cause of stillbirth { Before labor Not known During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

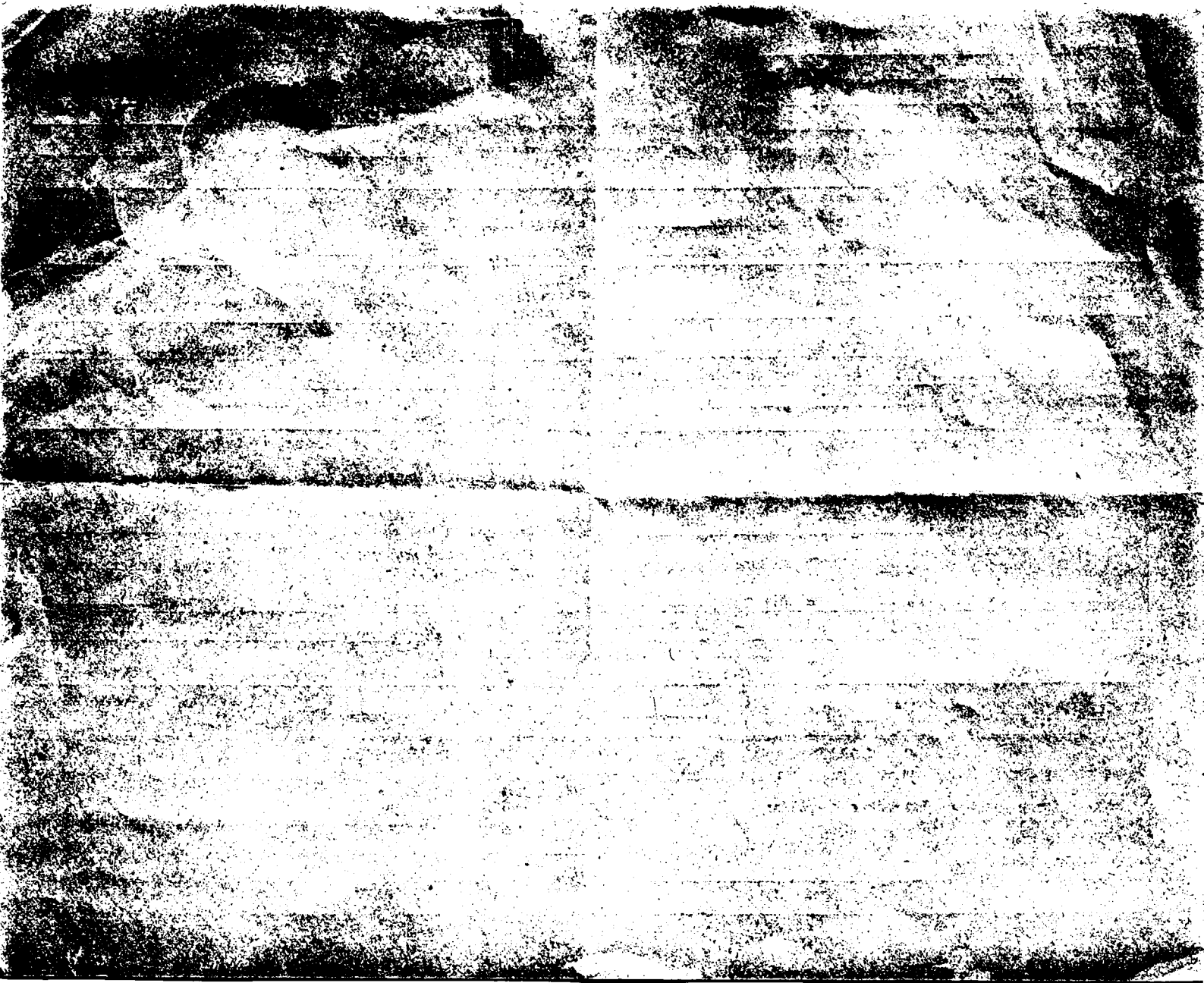
Registrar.

(Signed) [signature] M. D.

or Midwife

Address 707-11th St. Lewiston, Idaho

Filed Dec 9, 1940 Patricia Burke Deputy Registrar.



122021
~~122026~~

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ~~122021~~ ~~122026~~
Local Reg. No.
Reg. Dist. No. 220

OCT 1 1940

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Wm Joseph Feider

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Sept 20 1940

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	hrs — min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Lewiston (City or town) (State or foreign country)

Father
12. Name Joseph Feider
13. Birthplace Pomeroy, Wn. (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Smith
15. Birthplace Nez Perce Ida. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wseph Feider and Address Clarkston, Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21-40 (Month) (Day) (Year)
(c) Place: Lewiston, Ida.
18. Funeral Director's **OWN** Signature Vazzoz-Bowles Co Andrew F. Vazzoz and Address Lewiston Ida.
19. (a) Sep 30 1940 (Date received and filed) (b) Patricia Lenk (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 20 1940 at 8:45 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Sept 20 1940, to Sept 20 1940
I last saw h alive on Dec 1 Boren; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Premature separation of Placenta, child Cesarean
Due to Born dead at 7½ months gestation
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? Pomeroy Wash. PHYSICIAN
Name of operation None Date
Major finding
Finding of autopsy no autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. G. Broseck M.D. (M. D. or other)
and Address Lewiston Idaho Date Oct 1 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia, generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Andrew Flaxo Lic. No. E-315 at Lewiston on [illegible]
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Big Horn
City of Lewiston
No. ____ St.
St. Joseph's Hospital
(If born in hospital or institution give name.)

RECEIVED DEC 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 304255

Registration District No. 220 State File No. S
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Boy Daughter of Mr. & Mrs. John Olin

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Full VII
7. Legitimate? Yes
8. Date of birth Oct 19, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Olin	18. Full maiden name: Edith Ward
10. Residence (usual place of abode) 0319-6th St. (If non-resident, give place and State) Lewiston	19. Residence (usual place of abode) 0319-6th St (If non-resident, give place and State) Lewiston
11. Color or race W | 12. Age at last birthday ____ (years)	20. Color or race W | 21. Age at last birthday 46 (years)
13. Birthplace (city or place) (State or Country) South Dakota	22. Birthplace (city or place) (State or Country) South Dakota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____ 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____ 16. Date (month and year) last engaged in this work ____, 19____ 17. Total time (years) spent in this work ____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____ 25. Date (month and year) last engaged in this work ____, 19____ 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn two (2) Premature

29. If stillborn, period of gestation 7 Mo months or weeks
30. Cause of stillbirth ____ Before labor Premature Labor During labor Toxemia of Pregnancy

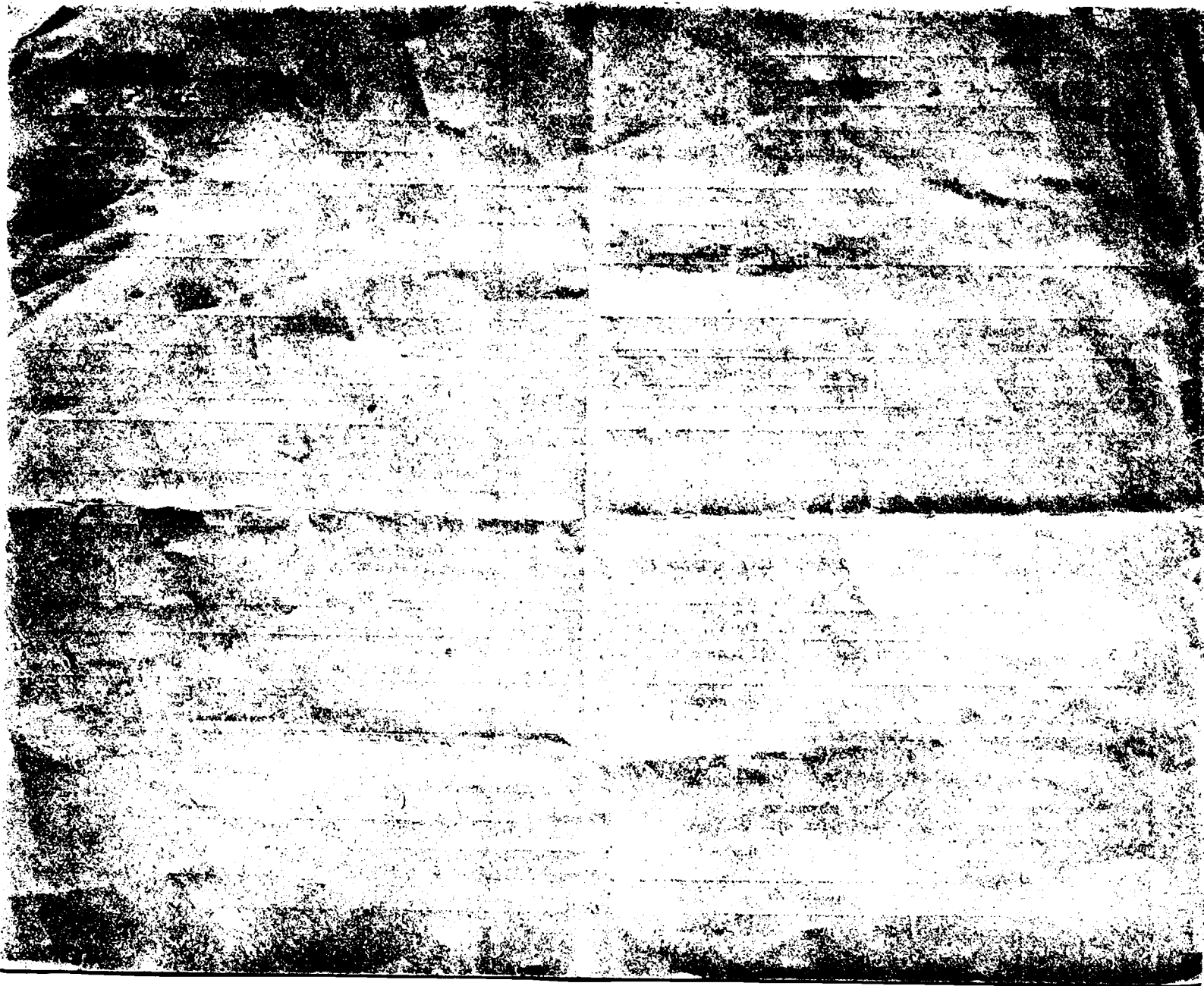
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 4 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. S. Douglas, M. D.
or ____, Midwife
Address Fettenbach Building, Lewiston, Idaho
Filed Nov. 29, 1940 Patricia Burks Deputy Registrar.

Give name added from a supplemental report ____
(Date of) ____
Registrar.



122027
~~122027~~

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 22

RECEIVED NOV 15 1940

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed days
(g) Lived in this county years months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? X
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Inf. Daughter Mr.& Mrs. John Olen

3. (b) If veteran, name war ----
3. (c) Social Security No. -------
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6 (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) Oct. 19, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation -- Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lewiston, Idaho. (City or town) (State or foreign country)

Father
12. Name John Olen
13. Birthplace South Dakata (City or town) (State or foreign country)

Mother
14. Maiden name Edith Hard
15. Birthplace South Dakata (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Olen and Address Lewiston, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/40 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho.
18. Funeral Director's **OWN** Signature Vassar-Rawls Co. and Address Lewiston, Idaho.
19. (a) NOV 14 1940 (Date received and filed) (b) Patricia Burky Deputy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 19 1940 at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn — Duration 10/19/40
Due to Toxemia of Pregnancy
Due to Infarction of Placenta
Other conditions and Granular Corruption
(Include pregnancy within 3 months of death)
Where was disease first contracted? Outside
Name of operation None Date
Major finding None
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. Vaughan M.D.
and Address Lewiston Idaho (M. D. or other) Date 11/4 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12-1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia, generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 304256

RECEIVED DEC 13 1940

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. ____ St.
St. Joseph's Hospital
(If born in hospital or institution give name.)

Registration District No. 220 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Robert Lee Robinson

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth 11/18/40 19__ (Month, Day, Year)

FATHER

9. Full name: Harold Le Roy Robinson
10. Residence (usual place of abode) Clarkston, Wn (If non-resident, give place and State) ____
11. Color or race white | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Lewiston (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work at present, 19__
17. Total time (years) spent in this work 3 yrs

MOTHER

18. Full maiden name: Ella Margaret McClarin
19. Residence (usual place of abode) Clarkston, Wn. (If non-resident, give place and State) ____
20. Color or race white | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) Craigmont (State or Country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work at present, 19__
26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11:55 a m. on the date above stated.

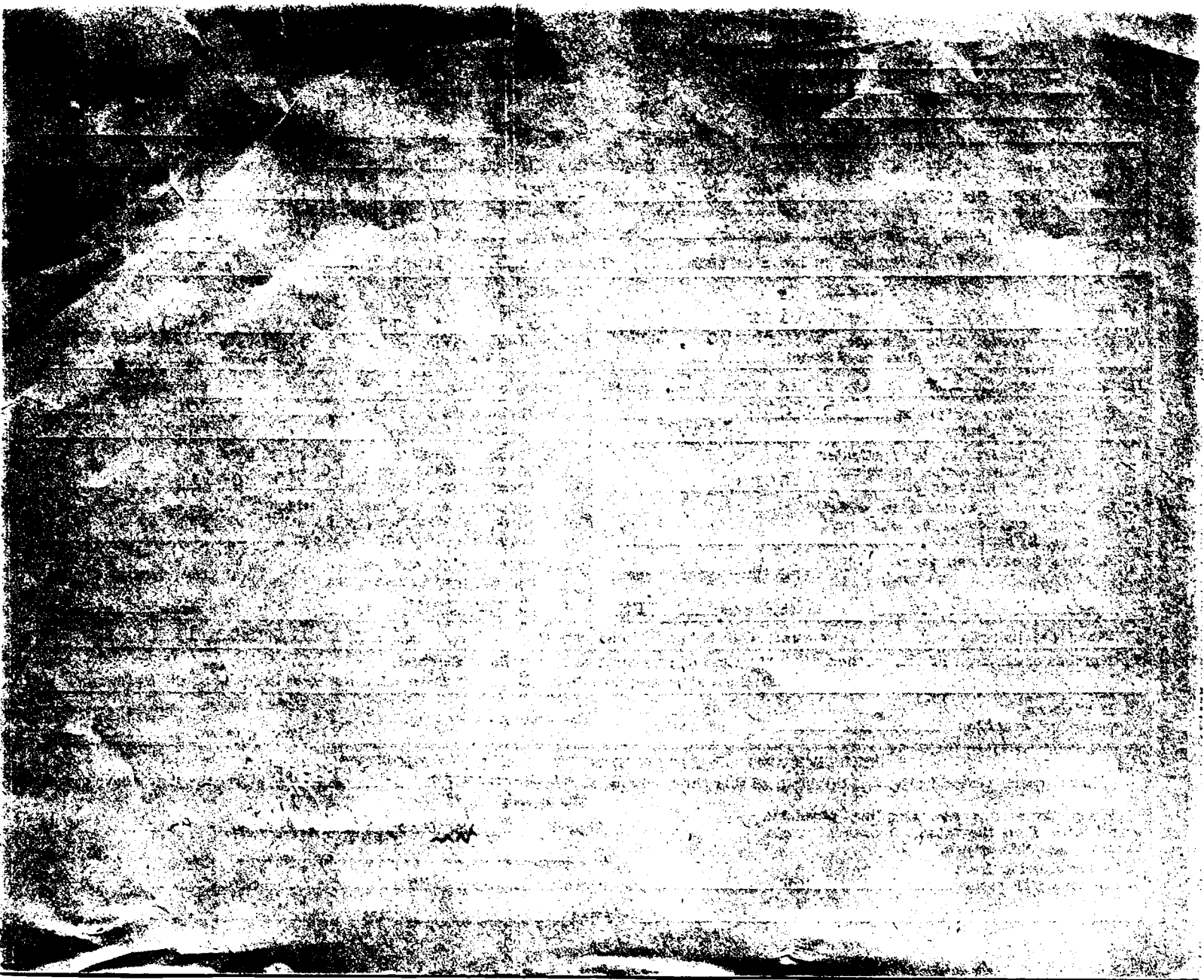
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) John E. Casson, M. D.
or ____, Midwife
Address Lewiston, Idaho

Filed Dec 6, 1940 Patricia Burke Deputy Registrar.

Registrar.



D2 122023 ~~2202~~

United States
Department of Commerce
Bureau of the Census

RECEIVED DEC 13 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.....
(d) Death Occurred Inside? In Outside?.....city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. St Joseph .....Stayed.....days
(g) Lived in this county.....years.....months.....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Wash (b) County Nez Perce
(c) City or town Clarkston
(d) Street Address or R. F. D. No.....
(e) Deceased lived Inside?.....Outside?.....city or town
(f) If foreign born, in U. S.....yrs. Citizen of U. S.?.....
(g) How long had deceased lived in Idaho?.....years
(h) Former residence (city, state).....

3. (a) **FULL NAME** Robert Lee Robinson

3. (b) If veteran, name war Nh
3. (c) Social Security No.....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife.....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov 18, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation Stillborn baby — Did this work for .....yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Father
12. Name Harold Robinson
13. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Ella McClarin
15. Birthplace Craigmont (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Harold L Robinson
and Address 429-6 St, Clarkston, Wash.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1940 (Month) (Day) (Year)
(c) Place: Lewiston Idaho

18. Funeral Director's **OWN** Signature Prower Mann Co. By Roy M Brim
and Address Lewiston Idaho

19. (a) Nov 28 1940 (Date received and filed) (b) Patricia Burke Deputy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) Nov. 18, 1940 19.....
at 11:55 o'clock A. M.

21. I **HEREBY CERTIFY,** That I attended deceased from Nov 18 1940, to Nov 18 1940
I last saw h.... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Stillborn

Due to Cord twisted closing Circulation

Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?.....
Name of operation..... Date.....
Major finding .....
Finding of autopsy.....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

23. Attendant's **OWN** Signature John E. Cannon
and Address Lewiston Idaho (M. D. or other) Date Nov 22 19 40

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia, generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of L.E. DeBacon Lic. No. 295 at Lewiston on Nov. 18, '40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. 711 Edwards St. St.
Kellogg Convalescent Home
(If born in hospital or institution give name.)

DEC 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH S 304257

Registration District No. 142 State File No. 1442
Prim. Registration District No. Local Registrar's No. 180

2. FULL NAME OF CHILD Winnifred Joan Hope Hill

3. Sex female | If plural births { 4. Twin, triplet, or other | 5. Number, in order of birth } | 6. Premature | Full term X | 7. Legitimate? Yes | 8. Date of birth November 2 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Thomas E. Hill	18. Full maiden name Winnifred Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg	19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg
11. Color or race white | 12. Age at last birthday 38 (years)	20. Color or race white | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Missouri	22. Birthplace (city or place) (State or Country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Zinc Plant Worker	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation full term. { months or weeks } | 30. Cause of Stillbirth { During labor | Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 4:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

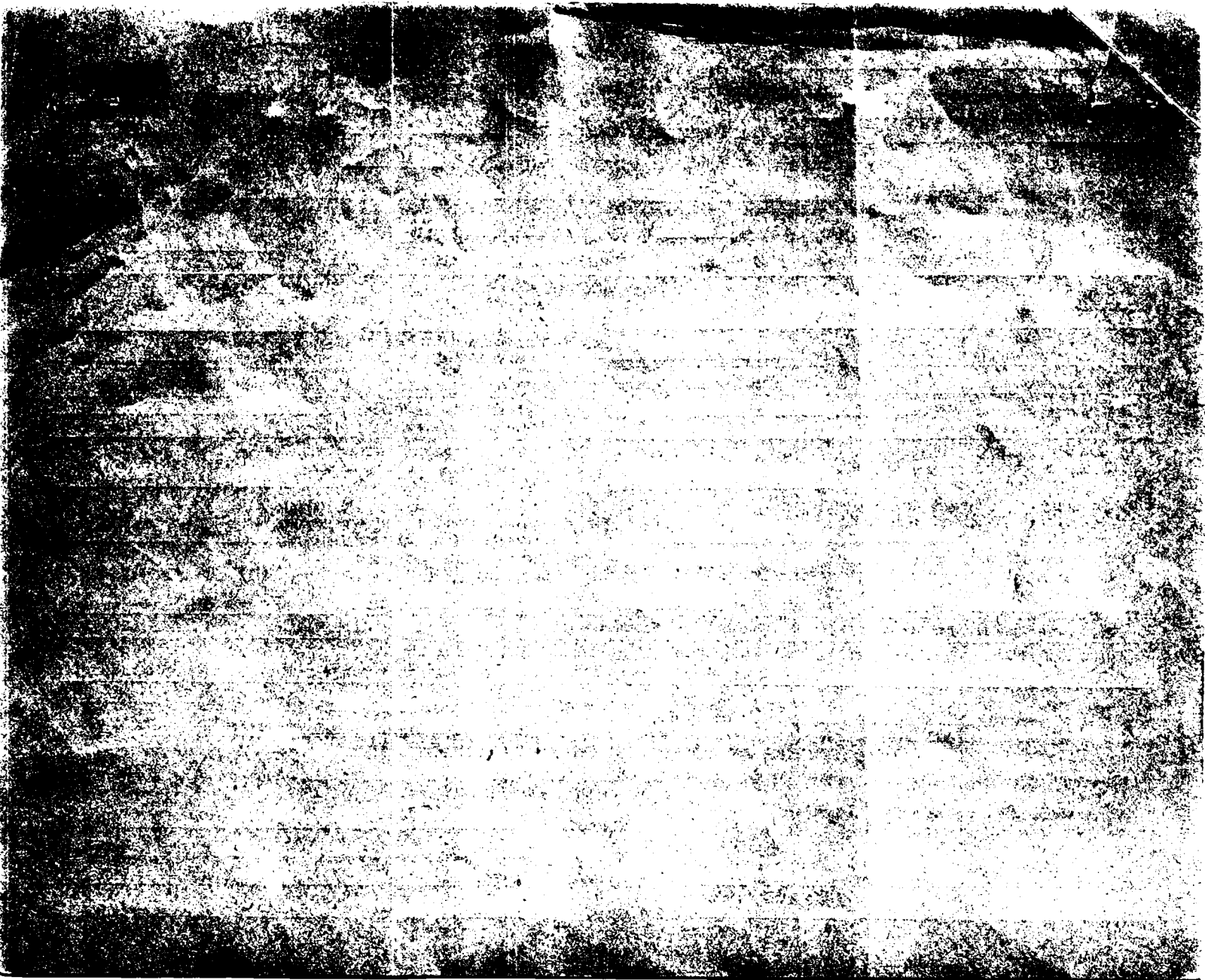
(Signed) M. C. Lindsay, M. D.

or ....., Midwife

Address Kellogg Idaho

Filed Dec. 2 1940 Mrs. Helen M. Hauck

Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

DEC 5 1940

122024 ~~122024~~ State File No.
Local Reg. No. 63
Reg. Dist. No. 142

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? YES Outside? ~~—~~ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. HANSON Nursing Home Stayed ~~—~~ days
(g) Lived in this county ~~—~~ years ~~—~~ months ~~—~~ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) ~~State~~ (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Winifred Joan Hope Hill

3. (b) If veteran, name war ~~—~~ 3. (c) Social Security No. ~~—~~
4. Sex fem. 5. Color or race White 6. (a) Single, widowed, married, divorced ~~—~~
6. (b) Name of husband or wife ~~—~~ 6 (c) Age of husband or wife if alive ~~—~~ years
7. Date of Birth (Month, Day, Year) NOV. 2nd 1940

8. AGE	Years	Months	Days	If less than 1 day
	~~—~~	~~—~~	~~—~~	Stillborn hrs min.

9. Exact Occupation ~~—~~ Did this work for ~~—~~ yrs.
10. Industry or Business ~~—~~ Date last worked ~~—~~
11. Birthplace Kellogg (City or town) Idaho (State or foreign country)

Father
12. Name T. E. Hill
13. Birthplace Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Winifred Smith
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature ~~—~~ T E Hill
and Address 128 N. Main Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/40 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature M. C. Thornfield
and Address Kellogg Idaho
19. (a) Dec 5 1940 (Date received and filed) (b) Mrs. Helen M. Breed (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 2nd 1940
at 4:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..., to ..... 19.....
I last saw h... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Right instrumental delivery	
Due to mid axis arrest	
Due to	
Other conditions. (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature W. B. Lindsay (M. D. or other)
and Address Kellogg Idaho Date Nov. 4 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*; *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia*; *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of W. A. C. Thornhill Lic. No. 127 at Kellogg on 11/2/45.
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Teton
City of Driggs
No. ____ St.
Teton Valley Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

DEC 13 1940

CERTIFICATE OF BIRTH 304258

Registration District No. 620 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 56

2. FULL NAME OF CHILD Infant Weston

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature Yes Full term ____
7. Legitimate? Yes
8. Date of birth Nov. 17, 1940 (Month, Day, Year)

FATHER

9. Full name Otto H. Weston
10. Residence (usual place of abode) (If non-resident, give place and State) Driggs, Ida
11. Color or race W | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Germany
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own
16. Date (month and year) last engaged in this work Nov 17, 1940
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Mary Ruth Burgner
19. Residence (usual place of abode) (If non-resident, give place and State) Driggs, Ida
20. Color or race W | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Midway Utah
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own
25. Date (month and year) last engaged in this work Nov. 16, 1940
26. Total time (years) spent in this work 6 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 mo (months or weeks)
30. Cause of stillbirth Unknown Before labor 4 yrs
During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 5 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____ Registrar.

(Signed) O. H. Jensen, M. D.
or ____, Midwife
Address Driggs, Idaho
Filed December 2, 1940 Florence Davidson Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

122025 ~~12208~~
State File No.
Local Reg. No. 23
Reg. Dist. No. 620

RECEIVED DEC 28 1940

1. PLACE OF DEATH:
(a) County Teton
(b) City or town Driggs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital or Institution ....Other place ....
(f) Name Hosp. or Inst. Teton Valley Stayed ..... days
(g) Lived in this county — years — months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Infant Weston

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) November 17, 1940
8. **AGE** Years | Months | Days | If less than 1 day hrs min.
Stillborn
9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Driggs, Idaho (City or town) (State or foreign country)

Father
12. Name Otto A. Weston
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Mary Bergner
15. Birthplace Midway, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Otto Weston and Address Driggs, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1940 (Month) (Day) (Year)
(c) Place: Pratt Ward Cemetery, Alta, Wyo
18. Funeral Director's **OWN** Signature (Mrs) Bishop Alfred Dantachi and Address Driggs, Idaho R. F. D.
19. (a) November 18, 1940 (Date received and filed) (b) Florence Davidson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 17 1940 at 3:25 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 17 1940 to Nov. 17 1940
I last saw h. alive on Stillborn 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Prematurity — Trauma of birth	
Due to	
Other conditions None determinable (Include pregnancy within 3 months of death)	

Where was disease first contracted? — PHYSICIAN
Name of operation ..... Date .....
Major finding
Finding of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O O Hansen, M. D. (M. D. or other)
and Address Driggs, Ida. Date Nov. 18 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. **INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.**
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Teton
City of Driggs
No. ____ St. ____
(If born in hospital or institution give name.) Teton Valley Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH S 304259

DEC 13 1940

Registration District No. 620 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 38

2. FULL NAME OF CHILD Infant Thomas

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		Full term	yes	Nov. 19, 1940

	FATHER	MOTHER
9. Full name	Glenn LeRoy Thomas	18. Full maiden name: Rhoda Lofthouse
10. Residence (usual place of abode) (If non-resident, give place and State)	Tetonia, Ida.	19. Residence (usual place of abode) (If non-resident, give place and state) Tetonia, Ida.
11. Color or race	W	20. Color or race: W
12. Age at last birthday	22 (years)	21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country)	Gray Olka.	22. Birthplace (city or place) (State or Country): Tetonia Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Rented	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own
OCCUPATION 16. Date (month and year) last engaged in this work	Nov 19, 1940	25. Date (month and year) ~~last~~ engaged in this work: Nov 19, 1940
OCCUPATION 17. Total time (years) spent in this work	1 yr.	26. Total time (years) spent in this work: 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months (months or weeks)
30. Cause of stillbirth Placenta Praevia { Before labor ____ / During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 9:00 p.m. on the date above stated.

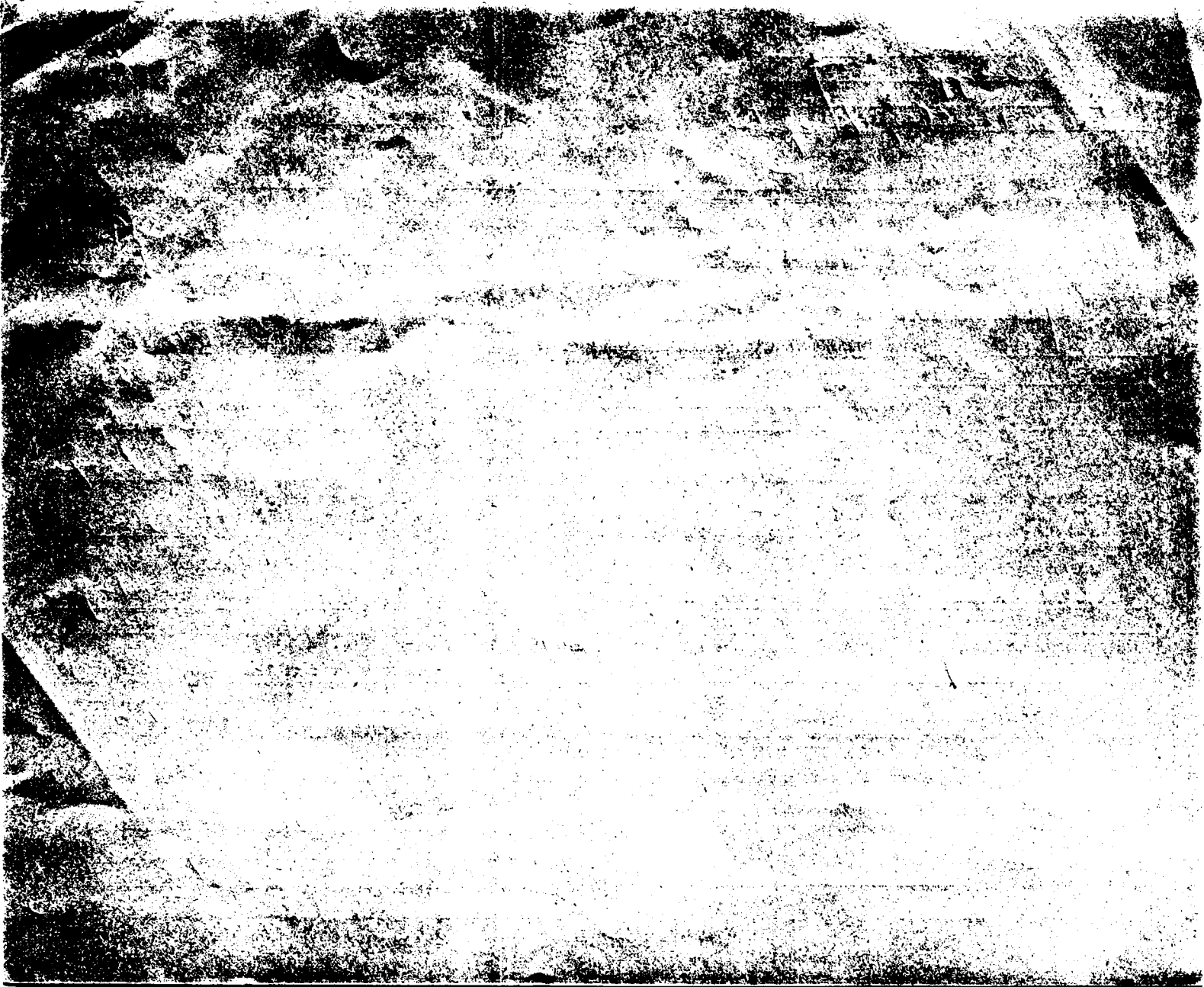
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) O. D. Thompson, M. D.
or ____, Midwife
Address Driggs, Idaho

Give name added from a supplemental report ____
(Date of)

Filed Dec 2 1940 Florence Davidson
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

122026 ~~122021~~
State File No.
Local Reg. No. 24
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Teton
(b) City or town Driggs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ← Outside? ... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. Teton Valley Stayed 0 days
(g) Lived in this county — years — months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ... Outside? — city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Infant Thomas

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Nov. 19, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	Stillborn		hrs 0 min.

9. Exact Occupation — Did this work for ... yrs.
10. Industry or Business — Date last worked —
11. Birthplace Driggs, Idaho (City or town) (State or foreign country)

Father
12. Name Glenn LeRoy Thomas
13. Birthplace Okla. (City or town) (State or foreign country)

Mother
14. Maiden name Rhoda Losthouse
15. Birthplace Teton, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ellen M. Losthouse
and Address Tetonia Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1940 (Month) (Day) (Year)
(c) Place: Cache-Clawson
18. Funeral Director's **OWN** Signature (Name) Bishop W. Hansen
and Address Tetonia, Idaho
19. (a) Nov. 23, 1940 (Date received and filed) (b) Florence Davidson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 19 1940
at 9:35 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Nov. 19 1940 to Nov. 19 1940
I last saw h— alive on Stillborn 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Premature Separation of the Placenta	
Due to Placenta Previa	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation ... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature DD H. Duncan, M.D. (M. D. or other)
and Address Driggs, Ida. Date Nov. 30 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls, Idaho
No. ____ St. ____
County General Hospital
(If born in hospital or institution give name.)

RECEIVED DEC 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 304260

Registration District No. 466 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 259

2. FULL NAME OF CHILD Lester Lee Skeen (Stillborn)

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature or Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male		yes	yes	11-14-40, 193

FATHER	MOTHER
9. Full name: Kenneth LeRoy Skeen	18. Full maiden name: Berniece Mary Balmer
10. Residence (usual place of abode) (If non-resident, give place and State): 191 Washington	19. Residence (usual place of abode) (If non-resident, give place and State): 191 Washington
11. Color or race: W / 12. Age at last birthday: 21 (years)	20. Color or race: W / 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Twin Falls, Idaho	22. Birthplace (city or place) (State or Country): Pierce, Colorado
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Employee	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Coca-Cola Bottling Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: present, 1940 / 17. Total time (years) spent in this work: 8 mo.	25. Date (month and year) last engaged in this work: present, 1940 / 26. Total time (years) spent in this work: 11 mo.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother: 0 (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 1:20 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Joseph W. Marshall, M. D.

or ____, Midwife

Address Twin Falls, Idaho

Give name added from a supplemental report ____ (Date of)

Filed 12-8, 1940

Registrar.

Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 122027 ~~122032~~
Local Reg. No. 277
Reg. Dist. No. 460

RECEIVED DEC 13 1940

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? x city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. T. Falls Co. Stayed 0 days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 191 Nash. N.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Baby Skeen

3. (b) If veteran, name war
3. (c) Social Security No.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
4. Sex Male
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 14, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Kenneth Skeen
13. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Bernice Balmer
15. Birthplace Greeley, Colorado (City or town) (State or foreign country)

16. Informant's **OWN** Signature Kenneth Skeen
and Address Twin Falls, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/40 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's **OWN** Signature James E. Reynolds
and Address Twin Falls Idaho

19. (a) Nov 15 1940 (Date received and filed) (b) [illegible]

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 14, 1940 at 1:20 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 11-14-40 19 to 11-14-40 19
I last saw him alive on 11-14-40 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth (6 mos)	—
Due to Intra uterine	2-3 da
placental hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls Idaho Date 11-15-40 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

made from death certificate

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 305860

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Stillborn baby Call

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? ____
8. Date of birth Oct 2, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Glenn E. Call	18. Full maiden name: Ina Mae Homer
10. Residence (usual place of abode) (If non-resident, give place and State): Boise	19. Residence (usual place of abode) (If non-resident, give place and State): Boise
11. Color or race: - | 12. Age at last birthday: - (years)	20. Color or race: - | 21. Age at last birthday: - (years)
13. Birthplace (city or place): Chesterfield (State or Country): Idaho	22. Birthplace (city or place): Idaho Falls (State or Country): Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__	25. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth: Before labor Upper respiratory infection from mother; During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 4:30 Pst m. on the date above stated.
(Born Alive or Stillborn)

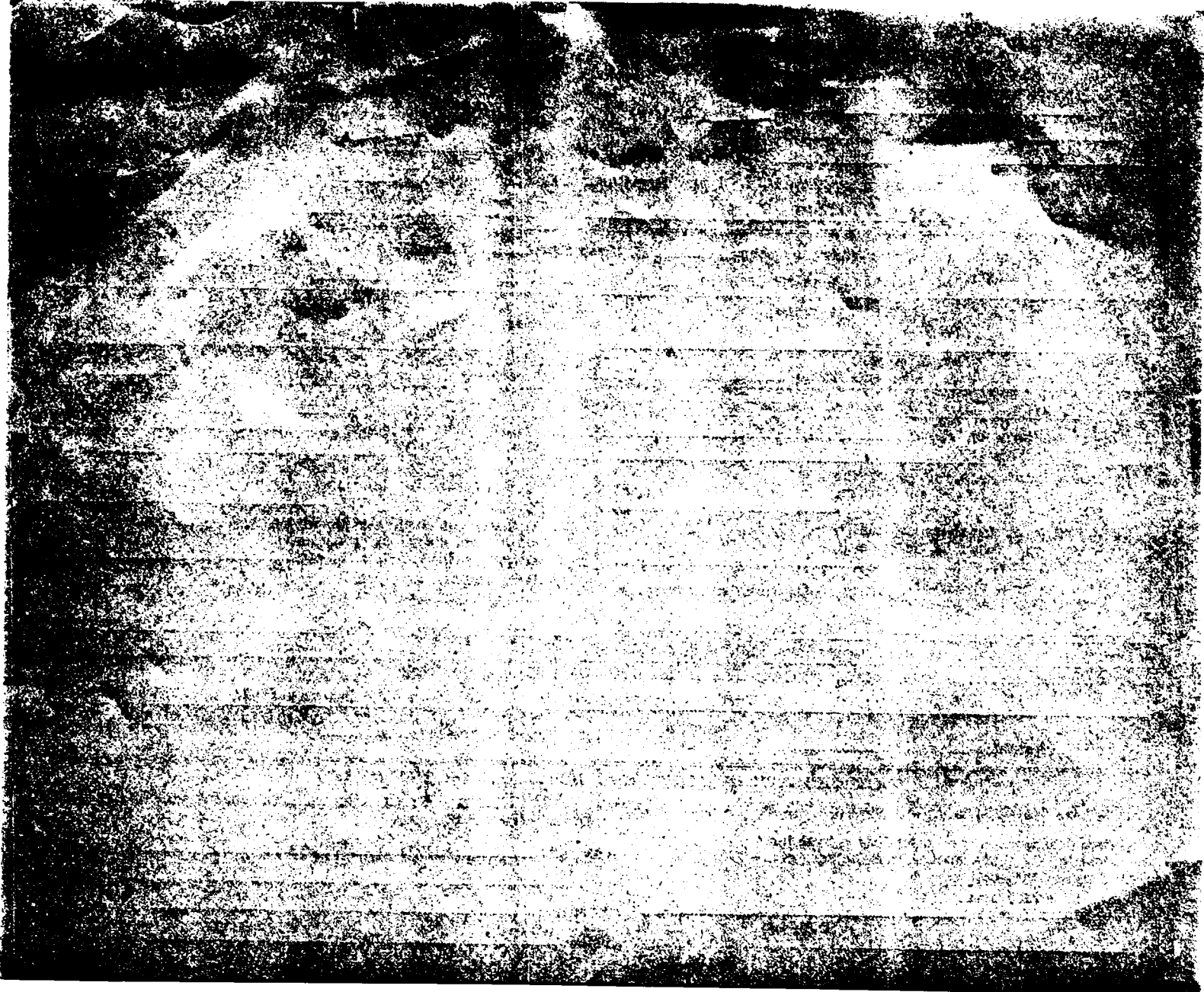
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Harold T. Nokes, M. D.
or ____, Midwife
Address ____

Filed Oct 3, 1940, 193__ R. Sharp
Registrar.

____
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 122565
Local Reg. No. 2805
Reg. Dist. No. 370

RECEIVED NOV 13 1940

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. Route #3, Boise
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst. St. Lukes Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. Route #3, Boise
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) Stillborn

3. (a) **FULL NAME** Baby Call

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 2, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Stillborn 0	0	0	hrs ... min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Glenn E. Call
13. Birthplace Chesterfield, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Ina Mae Homer
15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Glenn E. Call
and Address Route #3, Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/40 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida.
18. Funeral Director's **OWN** Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 10-3-40 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-2-40 19...
at 4:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19... to ..... 19...
I last saw him alive on ..... 19... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Upper respiratory infection — 4 days
Due to Interstitial pneumonitis
Due to —
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted? ?
Name of operation None Date .....
Major finding .....
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Stanley T. Nokes MD (M. D. or other)
and Address Boise Date 10-3-1940

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St.

St. Lukes Hospital

(If born in hospital or institution give name.)

REGISTERED

FEB 17 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

305-861

S

Registration District No. 370 State File No. ____

Prim. Registration District No. ____ Local Registrar's No. 61

2. FULL NAME OF CHILD Patrick O'Brien Roper

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? Yes

8. Date of birth October 25, 1940 (Month, Day, Year)

FATHER

9. Full name: Dee Roper

10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho

11. Color or race: White | 12. Age at last birthday: 38 (years)

13. Birthplace (city or place) (State or Country): Walnut Hill, Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: October, 1933

17. Total time (years) spent in this work: 11

MOTHER

18. Full maiden name: Beatrice Lois Ferguson

19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho

20. Color or race: White | 21. Age at last birthday: 36 (years)

22. Birthplace (city or place) (State or Country): Parma, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Clerk-Stenographer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: State & Federal Office

25. Date (month and year) last engaged in this work: Still working, 19____

26. Total time (years) spent in this work: 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living none (b) Born alive but now dead none (c) Stillborn one

29. If stillborn, period of gestation: 8 mos. 2 weeks { months or weeks

30. Cause of Stillbirth: During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of)

Filed JAN 14 1941, 193__ [signature], Registrar.

Registrar.

JAN 17 1951

Dr—Koelsch

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122566
Local Reg. No. 311
Reg. Dist. No. 370

RECEIVED
NOV 15 1940

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. StLukes Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. ST. PILLBORN
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant son of Mr. Mrs. Dee Roper

3. (b) If veteran, name war —— 3. (c) Social Security No.
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife 6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 25, 40

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	Stillborn				

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Dee Roper
13. Birthplace Centralia, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Beatrice Furgeson
15. Birthplace Parma, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ida Roper
and Address 811-Estman St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 40 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature C. P. Pettingill Funeral Home
and Address Boise, Idaho
19. (a) OCT 25 1940 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 25, 40 19
at 10:20 o'clock A. M.
21. I **HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillborn — dead 5 or 6 days
8½ months.
Due to Unknown
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. A. Koelsch (M. D. or other)
and Address Boise Date 10-25 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12-1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St. Luke's Hospital St.
Boise, Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

305862

CERTIFICATE OF BIRTH S

Registration District No. 370 State File No.
Prim. Registration District No. Local Registrar's No. 1042

2. FULL NAME OF CHILD Baby Hodges

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term
7. Legitimate? Yes
8. Date of birth Dec. 26, 1940 (Month, Day, Year)

FATHER

9. Full name: Donald DeMoss Hodges
10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho
11. Color or race: W | 12. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Burr Oak, Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck driver
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Shell Oil Co.
16. Date (month and year) last engaged in this work: at present, 19
17. Total time (years) spent in this work: 2½ yrs

MOTHER

18. Full maiden name: Panzy Kay Starr
19. Residence (usual place of abode) (If non-resident, give place and State): same Boise, Idaho
20. Color or race: W | 21. Age at last birthday: 19 (years)
22. Birthplace (city or place) (State or Country): Haines, Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: H'Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: 1941 at present
26. Total time (years) spent in this work: 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation: months or weeks
30. Cause of Stillbirth: During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) J. A. Koelsch, M. D.
or , Midwife
Address 220 N 1st St., Boise, Idaho
Filed DEC 12 1940 193 R. Sharp
Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122567
Local Reg. No. 22345
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. R-4 Boise
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. St Lukes ... Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise Idaho
(d) Street Address or R. F. D. No. R 4 Boise
(e) Deceased lived Inside? — Outside? — city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Still Born

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive ... years

7. Date of Birth (Month, Day, Year) Oct 26 - 1940

8. **AGE**

Years	Months	Days	If less than 1 day
—	—	—	hrs — min.

9. Exact Occupation — Did this work for ... yrs.

10. Industry or Business — Date last worked ...

11. Birthplace Boise Idaho (City or town) (State or foreign country)

Father
12. Name Donald Hodges
13. Birthplace Burr Oak Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Pansy K. Barr
15. Birthplace Hanks Oregon (City or town) (State or foreign country)

16. Informant's **OWN** Signature Donald Hodges and Address R 4 - Boise Idaho

17. (a) ... (Burial, cremation, or removal) (b) Date thereof Oct 28 1940 (Month) (Day) (Year)
(c) Place: Meridian Cemetery

18. Funeral Director's **OWN** Signature W S Masters and Address Meridian Idaho

19. (a) NOV 29 1940 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 26 1940
at ... o'clock ... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ... 19..., to ... 19...
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn - Hydrocephalic Monster — Duration ...
Due to ...
Due to ...
Other conditions ...
(Include pregnancy within 3 months of death)

Where was disease first contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature H. A. Koelsch (M. D. or other)
and Address Boise Idaho Date 10-26 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	*1 day*
Due to.....*Skull fracture*	*1 day*
Due to.....*Auto accident*	*1 day*
Other conditions.....*Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Hypostatic pneumonia*	*7 days*
Due to	
.....*Cancer of stomach*	*2 years*
Due to	
Other conditions.....*Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 305863

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ____ St.
St. Alphonsus Hospital
(If born in hospital or institution give name.)

Registration District No. 370 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 1071

2. FULL NAME OF CHILD Carole Anne Silver

3. Sex ♀ | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec. 22, 1940 (Month, Day, Year)

FATHER

9. Full name Frank William Silver
10. Residence (usual place of abode) Boise, Idaho (If non-resident, give place and State) Boise, Idaho
11. Color or race W | 12. Age at last birthday 37 (years)
13. Birthplace (city or place) Ohio (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Station Attendant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Edna Mae Talbot
19. Residence (usual place of abode) Boise, Idaho (If non-resident, give place and State) Boise, Idaho
20. Color or race W | 21. Age at last birthday 35 (years)
22. Birthplace (city or place) Nebraska (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19__
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 9 months { months or weeks
30. Cause of Stillbirth Not given on card { During labor — Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:25 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. J. Coats M. D.
or ____ Midwife
Address 608 Eastman Bldg. Boise, Ida.

Give name added from a supplemental report ____
(Date of)

Filed 12-28, 1940 M. Sharp
Registrar.

Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

courts 122568
State File No.
Local Reg. No. 378
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Alphonsus Stayed days
(g) Lived in this county 0 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town
(d) Street Address or R. F. D. No. R.D. # 1.
(e) Deceased lived Inside? Outside X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Carole Ann Silver.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December. 22. 1940.

8. AGE	Years	Months	Days	If less than 1 day
				hrs 0) min.

9. Exact Occupation None. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Frank Williard Silver.
13. Birthplace Cincinnati Ohio. (City or town) (State or foreign country)

Mother
14. Maiden name Eleanor Pauline Tullis.
15. Birthplace Nebraska. (City or town) (State or foreign country)

16. Informant's **OWN** Signature F. W. Silver and Address R# 1 Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec. 23. 1940. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Clyde E. Summers and Address Boise, Idaho.
19. (a) 12-23-40 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 22 1940
at 8:30 o'clock P. M.

21. I **HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn — Duration
Due to Cord around baby's neck and shoulder; hard knot in cord.
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature (M. D. or other)
and Address Boise, Idaho Date 12-23 1940
(For additional space, use reverse side)

...nt, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each ...m should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED DEC 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 305864

Registration District No. _____ State File No. _____

Prim. Registration District No. 510 Local Registrar's No. 203

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 101 South Johnson St.

Pocatello General Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Owen Peters

3. Sex Male

If plural births 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature 7 Mo. Full term _____

7. Legitimate? No

8. Date of birth November 19 1940 (Month, Day, Year)

FATHER

9. Full name John Owen Watson

10. Residence (usual place of abode) 1235 E. Clark (If non-resident, give place and State) _____

11. Color or race W. **12. Age at last birthday** 21 (years)

13. Birthplace (city or place) Louisville, Kentuckey (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ford Garage

16. Date (month and year) last engaged in this work At Present, 1940

17. Total time (years) spent in this work 3 Years

MOTHER

18. Full maiden name Carolyn Cordelia Peters

19. Residence (usual place of abode) 1235 E. Clark (If non-resident, give place and State) _____

20. Color or race W. **21. Age at last birthday** 19 (years)

22. Birthplace (city or place) Council, Idaho (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Pocatello

25. Date (month and year) last engaged in this work September, 1940

26. Total time (years) spent in this work 5 Yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 Months (months or weeks)

30. Cause of stillbirth Syphillis — Before labor Yes — During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 6:35 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) H. J. Partridge, M. D.

or _____, Midwife

Address Pocatello, Idaho.

Filed 12-3, 1940 D C Ray Registrar.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122569
Local Reg. No. 266
Reg. Dist. No. 5-10

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello DEC 23 1940
(c) Street Address or R. F. D. 101 S. Johnson Ave
(d) Death Occurred Inside? X Outside? --- city or town
(e) Died in a Home --- Hospital X Institution --- Other place ---
(f) Name Hosp. General Hospital Stayed --- days
(g) Lived in this county --- years --- months --- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. 1833 E. Clark St.
(e) Deceased lived Inside? X Outside? --- city or town
(f) If foreign born, in U. S. --- yrs. Citizen of U. S.? ---
(g) How long had deceased lived in Idaho? none years
(h) Former residence (city, state) none

3. (a) **FULL NAME** JOHN OWEN PETERS (Premature Infant)

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6 (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) November 19, 1940.

8. AGE	Years	Months	Days	If less than 1 day
	None	Still-Born		hrs None min.

9. Exact Occupation None — Did this work for ----- yrs.
10. Industry or Business Infant — Date last worked ******
11. Birthplace Pocatello. (City or town) Idaho. (State or foreign country)

Father
12. Name John Owen Watson
13. Birthplace (City or town) Kentucky. (State or foreign country)

Mother
14. Maiden name Carrie Cortelia Peters
15. Birthplace Council, (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature X [signature] and Address Pocatello. Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 1940. (Month) (Day) (Year)
(c) Place: Pocatello, Idaho.
18. Funeral Director's **OWN** Signature Hall Mortuary by [signature] and Address Pocatello, Idaho.
19. (a) Nov. 9, 1940. (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 19, 1940.
at 6:35 o'clock a. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Nov 19 1940, to Nov 19 1940
I last saw h..... alive on ----------, 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still Birth, — Duration
Due to Syphilis on mother,
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence? Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. J. Harrington M. D. (M. D. or other)
and Address Pocatello, Idaho. Date 11/20/40. 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of C. W. Hall Lic. No. E-286 at Pocatello on May 19-1946
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 621 No. 7th St.
Pocatello, Idaho
(If born in hospital or institution give name.)

RECEIVED
JAN 17 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 305865

Registration District No. ____ State File No. ____
Prim. Registration District No. 510 Local Registrar's No. 806

2. FULL NAME OF CHILD Infant Martinez

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? Yes
8. Date of birth Dec 3, 1940 (Month, Day, Year)

FATHER

9. Full name Fidel Martinez
10. Residence (usual place of abode) (If non-resident, give place and State) 621 No. 7th
11. Color or race Mex. | 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Mexico

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. P. R.R.
16. Date (month and year) last engaged in this work Present, 1940
17. Total time (years) spent in this work 1 Yr.

MOTHER

18. Full maiden name Eulogia Martinez
19. Residence (usual place of abode) (If non-resident, give place and State) 621 N. 7th
20. Color or race Mex. | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Mexico

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work Present, 1940
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 9 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 3

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

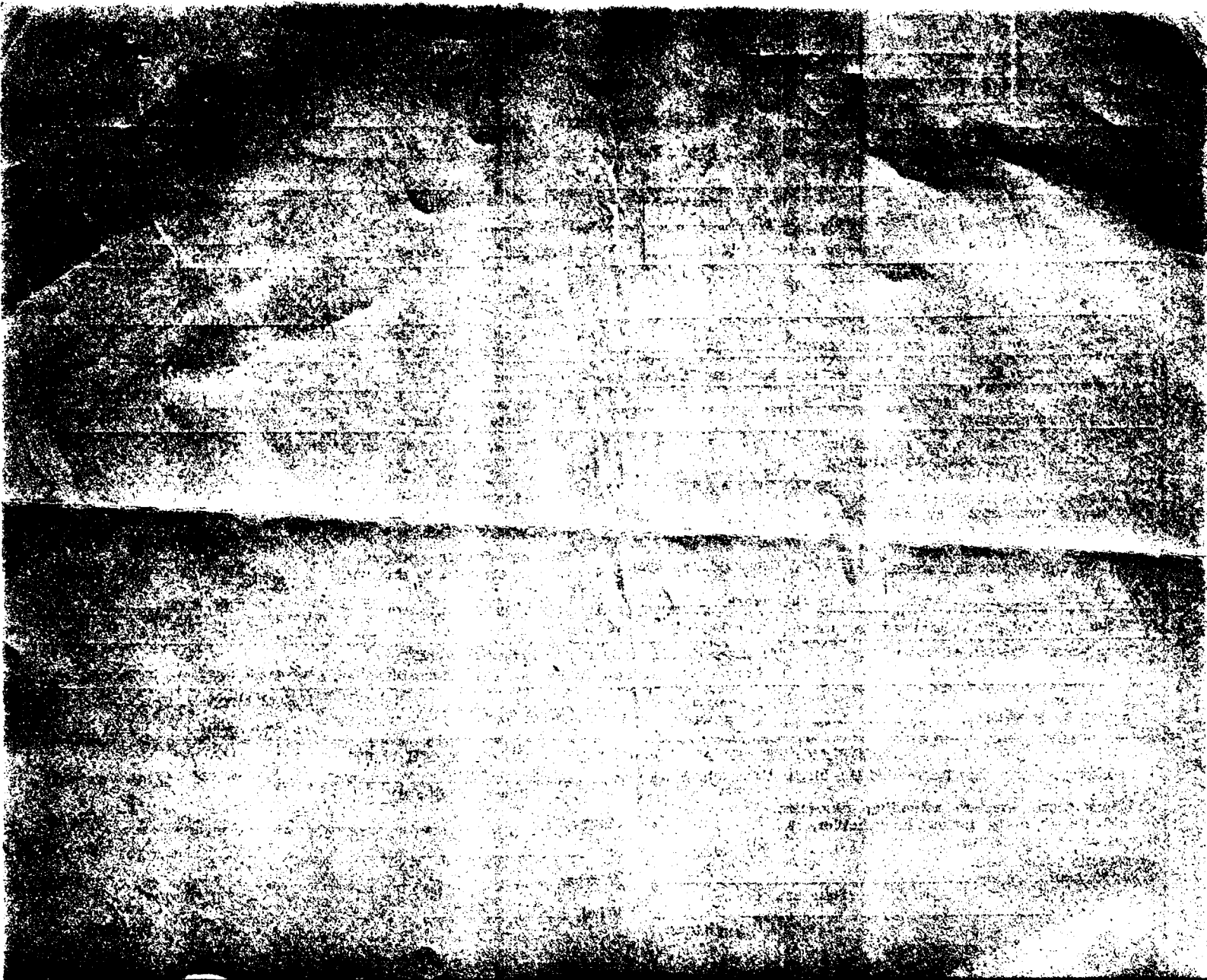
I hereby certify that I attended the birth of this child, who was Stillborn at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) J. M. Ray, M. D.
or ____, Midwife
Address Pocatello, Idaho
Filed 1-16-, 1941 D C Ray
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

JAN 4 1941

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122570
Local Reg. No. 288
Reg. Dist. No. 310

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 621 No. 7th
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 621 No. 7th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Infant Martinez

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Mexican
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife None
6 (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) December 3, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs ..... min.

9. Exact Occupation None — Did this work for ✓ yrs.
10. Industry or Business ✓ — Date last worked ✓
11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)

Father
12. Name Fidel Martinez
13. Birthplace Mexico (City or town) (State or foreign country)

Mother
14. Maiden name Eulojia Martinez
15. Birthplace Mexico (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address Isabelle Martinez 621 N 7th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7 1940 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's **OWN** Signature and Address Arthur M. Hall, Pocatello, Idaho
19. (a) 12-7-1940 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 3, 1940 19.....
at .....o'clock .....M.

21. **I HEREBY CERTIFY,** That I attended deceased from .....19....., to .....19.....
I last saw h..... alive on .....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Still born	
Not seen alive	
Due to	
.....	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
.....	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature D. C. Ray (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of C. H. Hall Lic. No E286 at Pocatello on Dec 3-1945
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 13 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 305866

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 531 No. 5th Ave., St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. 510 Local Registrar's No. 749

2. FULL NAME OF CHILD Juanita Rodriguez

3. Sex	If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth	6. Premature; Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		Yes	Yes	Dec. 9, 1940

	FATHER	MOTHER
9. Full name	Rafael Rodriguez	
18. Full maiden name		Petra Deavilla
10. Residence (usual place of abode) (If non-resident, give place and State)	531 No. 5th Pocatello	531 No. 5th
11. Color or race / 12. Age at last birthday (years)	Mex / 41	
20. Color or race / 21. Age at last birthday (years)		Mex / 30
13. Birthplace (city or place) (State or Country)	Mexico	
22. Birthplace (city or place) (State or Country)		Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Fire-Knocker	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	U P R. R.	
16. Date (month and year) last engaged in this work / 17. Total time (years) spent in this work	Present, 19 / 14 Yrs.	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		Own home
25. Date (month and year) last engaged in this work / 26. Total time (years) spent in this work		Present, 19 / 12 Yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 6th (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 40 weeks (months or weeks) / 30. Cause of Stillbirth: During labor yes; Before labor ____ Fetal Distocia

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 11:45 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) H. S. Miller, M. D.
or ____, Midwife
Address 310 E. Center St., Pocatello

Give name added from a supplemental report ____ (Date of)

Filed 1-8, 1941 D C Ray
Registrar.

Registrar.

RECEIVED

JAN 4 1941

122571

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 270
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 531 N. 5th
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. — If dead on arrival ——
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 531 N. 5th
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Juanita Rodriguez

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F race W
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Dec. 9, 1940
8. **AGE**

Years	Months	Days	If less than 1 day
0	0	6	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business none Date last worked
11. Birthplace Pocatello Ida. (City or town) (State or foreign country)

Father
12. Name Rafael Rodriguez
13. Birthplace Mexico (City or town) (State or foreign country)

Mother
14. Maiden name Petra Davila
15. Birthplace Mexico (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rafael Rodriguez and Address 531 N. 5th 12/11/40
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature B. Downard and Address Pocatello Ida.
19. (a) 12-11-1940 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 9 1940
at — o'clock — M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 9 1940, to Dec. 9 1940
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Stillborn	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. S. Miller (M. D. or other)
and Address 310 E. Center Date Dec. 11, 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bear Lake
City of Montpelier
No. Bear Lake Hospital St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 305867

Registration District No. 5-5-0 State File No.
Prim. Registration District No. Local Registrar's No. 22

2. FULL NAME OF CHILD Did not name child Stillborn

3. Sex Male
If plural births { 4. Twin, triplet, or other
5. Number, in order of birth
6. Premature
Full term yes
7. Legitimate? yes
8. Date of birth Aug 22 1940 (Month, Day, Year)

FATHER

9. Full name J Glen Longhurst
10. Residence (usual place of abode) (If non-resident give place and State) Paris Idaho
11. Color or race White 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Paris Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Dealer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Aug, 1940
17. Total time (years) spent in this work 1 yr.

MOTHER

18. Full maiden name Ruby P. Pate
19. Residence (usual place of abode) (If non-resident give place and State) Paris Idaho
20. Color or race White 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Pate Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Aug, 1940
26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks
30. Cause of Stillbirth { During labor
Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 12:45 a.m. on the date above stated.

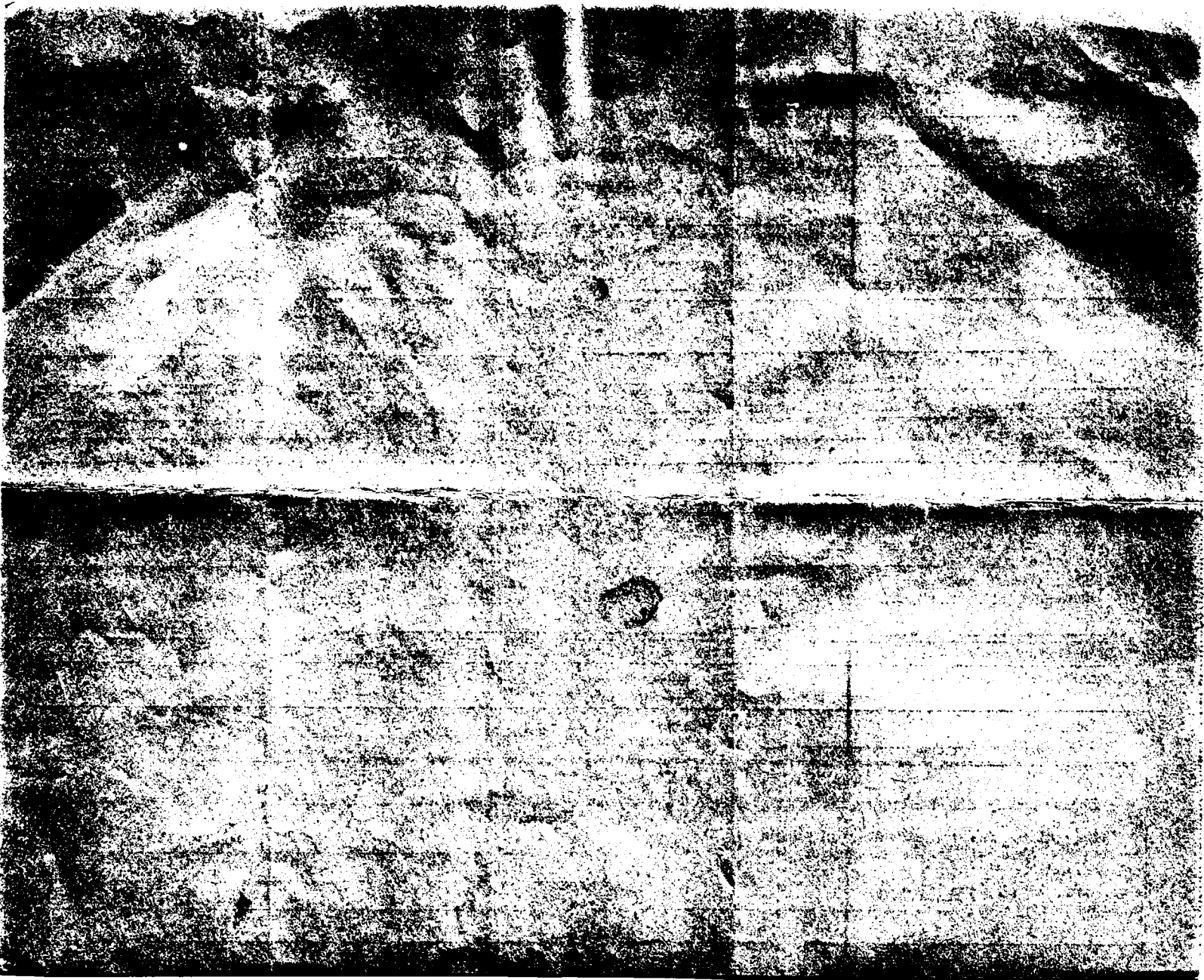
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Spencer A Rich, M. D.
or , Midwife
Address Paris Idaho

Give name added from a supplemental report
(Date of)

Filed Dec. 12, 1940 Beulah Hess
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 122572
Local Reg. No.
Reg. Dist. No. 552

RECEIVED SEP 12 1940

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Bear Lake Stayed days
(g) Lived in this county years months 0 days
(Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Longhurst

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
5. (a) Single, widowed, married, divorced Infant born
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 22, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs. min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Montpelier (City or town) Idaho. (State or foreign country)

Father
12. Name J. Glenn Longhurst
13. Birthplace Paris (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Ruby Pate
15. Birthplace Bates (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature Edna G. Longhurst
and Address Paris, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23, 1940 (Month) (Day) (Year)
(c) Place: Paris, Idaho.
18. Funeral Director's **OWN** Signature W. C. Dillingham
and Address Montpelier, Idaho.
19. (a) Aug 23, 1940 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 22, 1940
at 8:30 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from Aug 21 1940 to Aug 22 1940
I last saw him alive on Aug 22 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Unknown. Still Birth. — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Spencer H. Rich
and Address Paris Idaho (M. D. or other)
Date Aug 23 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of F. D. Williams Lic. No. 283 at Montpelier on 8/22/40
ADDITIONAL REMARKS

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 30586

Registered No. 15

S

1. PLACE OF BIRTH:
County Benewah
Township Country
City ____ No. ____ St., ____ Ward.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
State Idaho
or Village ____
APR 22 1940

2. Full name of child Unnamed Adair
{If child is not yet named, make supplemental report, as directed.

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb 28, 1940 (Month, day, year)

FATHER

9. Full name Edward Adair
10. Residence (usual place of abode) (If nonresident, give place and State) Coeur d'Alene
11. Color or race Indian | 12. Age at last birthday 24 (years)
13. Birthplace (city or place and State or country): Coeur d'Alene Reservation

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc ____
16. Date (month and year) last engaged in this work ____, 193 | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Marcelen Zachary
19. Residence (usual place of abode) (If nonresident, give place and State) Coeur d'Alene Res,
20. Color or race Indian | 21. Age at last birthday 19 (years)
22. Birthplace (city or place and State or country): C. D. A.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home work
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 193 | 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) ____ (a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn (2) Yes

28. If stillborn, period of gestation 9 {months or weeks} | 29. Cause of stillbirth Breech Presentation & Prolapse of cord {Before labor ____ During labor ✓}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 12 15 a m. on the date above stated.

{When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

(Signed) J. A. McKeown, M. D.
or ____, Midwife
Address Coeur d'Alene, Ida.
Filed June 15, 1940 Cornelius E. Keefe Registrar.

Given name added from a supplemental report ____ (Date of)
Registrar.

8—334a

U. S. GOVERNMENT PRINTING OFFICE: 1933 o11—7117

UNITED STATES STANDARD CERTIFICATE OF BIRTH

Why births should be registered.—There is hardly a relation of life—social, legal, or economic—in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual, but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways, some of which are listed below:

(1) As evidence to prove the age and legitimacy of heirs;
(2) As proof of age to determine the validity of a contract entered into by an alleged minor;
(3) As evidence to establish age and proof of citizenship and descent in order to vote;
(4) As evidence to establish the right of admission to the professions and to many public offices;
(5) As evidence of legal age to marry;
(6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;
(7) As evidence to determine the liability of parents for the debts of a minor;
(8) As evidence in the administration of estates, the settlement of insurance and pensions;
(9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;
(10) As evidence in the enforcement of law relating to education and to child labor;
(11) As evidence to determine the relations of guardians and wards;
(12) As proof of citizenship in order to obtain a passport;
(13) As evidence in the claim for exemption from or the right to jury and military service.

Statement of occupation.—Make some entry in this section for each parent. For a woman whose only occupation is that of home housework, write *housewife* in answer to Question 23 and *own home* in answer to Question 24. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

14 and 23.—The trade, profession, or particular kind of work done.
15 and 24.—The industry or business in which the work is done.
16 and 25.—The month and year the person last worked at the occupation.
17 and 26.—The number of years the person followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

c11—7117

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Ramsdale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
122573
State File No.

Registration District No.

Primary Registration District No. Local Registrar's No.

RECEIVED
APR 29 1940

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

USUAL RESIDENCE Unnamed Alley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Indian	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Still Born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Kootenai

FATHER

13. NAME Edward Kelgus

14. BIRTHPLACE (city or town) Coeur d'Alene
(State or country)

MOTHER

15. MAIDEN NAME Madelene Zachary

16. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Kootenai

17. INFORMANT Ed Kelgus Ida Silas
(Address) Worley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Worley Date Feb. 29th, 1940

19. UNDERTAKER Samuel H. Jaeger
(Address) Fairfield, Wn.

20. FILED Dec. 23, 1940 Mae G. Attwood
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 28 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1940, to Feb 28, 1940

I last saw Still Born alive on , 193.....: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abnormal Labor Premature birth Live to	
Prolapse of Cord	
Other contributory causes of importance:	
Placenta Previa Incomplete	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. C. Nelson, M. D.

(Address) Fernan Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or paricular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 8 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 305869

Registration District No. 100 State File No.
Prim. Registration District No. 21-6 Local Registrar's No. 40-120

1. PLACE OF BIRTH
County of Boundary
City of Bonners Ferry
No. Bonners Ferry St.
Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Yvonne Louise Booth

3. Sex F. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec. 9, 1940 (Month, Day, Year)

FATHER

9. Full name Roy Raymond Booth
10. Residence (usual place of abode) Bonners Ferry (If non-resident, give place and State)
11. Color or race W | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) Dayton (State or Country) Wash.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. building
16. Date (month and year) last engaged in this work Oct., 1940 | 17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Evelyn Lillian Moen
19. Residence (usual place of abode) Bonners Ferry (If non-resident, give place and State)
20. Color or race Wh. | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Steinhagl (State or Country) N. D.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work Dec, 1940 | 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation months or weeks
30. Cause of Stillbirth During labor dystocia Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 11 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. M. Penrose, M. D.
or , Midwife
Address Bonners Ferry
Filed Dec 11, 1940 Eva Bourke Registrar.

Give name added from a supplemental report
(Date of)
Registrar.

CERTIFICATE OF BIRTH

Registration District No. _____ Registration District No. _____ Local Registrar's No. _____

1. Name (if any) _____ 2. Sex _____ 3. Date of birth _____

4. Birthplace (city or place) _____ (State or County) _____

5. Usual residence of mother _____ (If non-resident, give place and State)

6. Mother's maiden name _____ 7. Age at last birthday _____ years

8. Color or race _____ 9. Age at last birthday _____ years

10. Birthplace (city or place) _____ (State or Country)

11. Trade, profession, or particular kind of work done, as spinner, weaver, _____, etc.

12. Industry or business in which work was done, as silk mill, _____, etc.

13. Trade, profession, or particular kind of work done, as housekeeper, _____, etc.

14. Industry or business in which work was done, as _____, etc.

15. Date (month and year) last employed in this work _____ 16. Total time (years) spent in this work _____

17. What prenatal care was used in present confinement? _____

18. Number of children of this mother (Do not include this child) _____ (a) Born alive _____ (b) Born alive but now living _____ (c) Stillborn _____

19. If stillborn _____ 20. Cause of stillbirth _____

21. Length of pregnancy _____ 22. Physician, midwife, or other _____ 23. Date signed _____

24. Informant _____ 25. Address _____

26. Filed _____ 27. Registrar _____

CERTIFICATE OF BIRTH

Registration District No. _____ Registration District No. _____ Local Registrar's No. _____

1. Name (if any) _____ 2. Sex _____ 3. Date of birth _____

4. Birthplace (city or place) _____ (State or Country) _____

5. Usual residence of mother _____ (If non-resident, give place and State)

6. Mother's maiden name _____ 7. Age at last birthday _____ years

8. Color or race _____ 9. Age at last birthday _____ years

10. Birthplace (city or place) _____ (State or Country) _____

11. Trade, profession, or particular kind of work done, as spinner, weaver, _____, etc.

12. Industry or business in which work was done, as silk mill, _____, etc.

13. Trade, profession, or particular kind of work done, as housekeeper, _____, etc.

14. Industry or business in which work was done, as _____, etc.

15. Date (month and year) last employed in this work _____ 16. Total time (years) spent in this work _____

17. What prenatal care was used in present confinement? _____

18. Number of children of this mother (Do not include this child) _____ (a) Born alive _____ (b) Born alive but now living _____ (c) Stillborn _____

19. If stillborn _____ 20. Cause of stillbirth _____

21. Length of pregnancy _____ 22. Physician, midwife, or other _____ 23. Date signed _____

24. Informant _____ 25. Address _____

26. Filed _____ 27. Registrar _____

RECEIVED

JAN 8 1941

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 122574
Local Reg. No. 47-40
Reg. Dist. No. 100

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No. General Delivery
(d) Death Occurred Inside? ..... Outside? # ..... city or town
(e) Died in a Home ....Hospital # Institution ....Other place ....
(f) Name of Institution Bonners Ferry Hospital ..... days
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State # (b) County #
(c) City or town #####
(d) Street Address or R. F. D. No. #####
(e) Deceased lived Inside? # Outside? # ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ### ..... years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Baby Yvonne Louise Booth

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Female Color or race White
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 9, 1940

8. AGE	Years	Months	Days	If less than 1 day
				Stillborn hrs ____ min.

9. Exact Occupation None — Did this work for None yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Bonners Ferry, Idaho (City or town) (State or foreign country)

Father
12. Name Roy R. Booth
13. Birthplace Dayton, Washington (City or town) (State or foreign country)

Mother
14. Maiden name Evelyn Moen
15. Birthplace North Dakota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Roy R. Booth
and Address Bonners Ferry, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1940 (Month) (Day) (Year)
(c) Place: Bonners Ferry, Idaho
18. Funeral Director's **OWN** Signature Harry B. Groom
and Address Bonners Ferry Idaho
19. (a) Dec 11-1940 (Date received and filed) (b) Clin Bonnell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 9, 1940
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on Stillbirth 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
prolonged labor
Due to disproportionate size of fetal head and pelvis.
Due to .....
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Fred W. Darrow, M.D. (M. D. or other)
and Address Bonners Ferry Date 12/11 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body ~~embalmed~~ under direction of Harry P. Branch Lic. No. 230 Boise Ida on Dec. 9-40
ADDITIONAL REMARKS Ada County, No embalming.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

JAN 8 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

305870

Registration District No. 100 State File No.

Prim. Registration District No. 2156 Local Registrar's No. 40-123

1. PLACE OF BIRTH
County of Boundary
City of Bonners Ferry
No. Kerry Hospital St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Baby Alderson

3. Sex Fem. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth Dec. 17, 1940 (Month, Day, Year)

FATHER

9. Full name Lawrence Lyle Alderson
10. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry
11. Color or race wh. | 12. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country) Lincoln Co. Mont.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work Nov., 1941
17. Total time (years) spent in this work 1

MOTHER

18. Full maiden name Myrta Marie Jackson
19. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry
20. Color or race wh. | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Spokane, Wash.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work Dec., 1940
26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 9 mos. (months or weeks)

30. Cause of Stillbirth (During labor / Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 11:30 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address Bonners Ferry

Give name added from a supplemental report

(Date of)

Filed Dec 19, 1940 [signature]

Registrar.

Registrar.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at _____ m. on the date above stated.

(Signed) _____

(Address) _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at _____ m. on the date above stated.

(Signed) _____

(Address) _____

United States
Department of Commerce
Bureau of the Census

RECEIVED JAN 8 19[illegible]

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122575
Local Reg. No. 52-40
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No. General delivery
(d) Death Occurred Inside? ..... Outside? # ..... city or town
(e) Died in a Home ... Hospital # ... Institution ... Other place ....
(f) Name of Hospital or Institution Bonners Ferry Hospital Stayed 0 days
(g) Lived in this county ..... years ..... months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No. R.R. #1
(e) Deceased lived Inside? ..... Outside? # ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? None years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Baby Alderson

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec.17, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation Infant — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Bonners Ferry? (City or town) Idaho (State or foreign country)

Father
12. Name Lawrence Alderson
13. Birthplace Lincoln County, Mont. (City or town) (State or foreign country)

Mother
14. Maiden name Myrta Marie Jackson
15. Birthplace Spokane, Wash. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Laurence Alderson
and Address Bonners Ferry, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.20,1940 (Month) (Day) (Year)
(c) Place: Bonners Ferry, Idaho
18. Funeral Director's **OWN** Signature Blanche L. Crouch
and Address Bonners Ferry, Idaho.
19. (a) Dec 18-1940 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec.17, 1940 19
at 3: o'clock A. M.

21. I **HEREBY CERTIFY,** That I attended deceased from Dec 19 ..., to ... 19 ...
I last saw h... alive on ... 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Atelectasis	
Due to Exhaustion of mother	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature G. W. Burrow, M.D. (M. D. or other)
and Address Bonners Ferry Date 1-6 1941
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of [illegible] Lic. No. E 2 20 at Boise Idaho Dec 17 40
ADDITIONAL REMARKS [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JAN 11 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 305871

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Memorial Drive St.
L.D.S. Hospital
(If born in hospital or institution give name.)

Registration District No. 610 State File No.
Prim. Registration District No. 4 Local Registrar's No. 1002

2. FULL NAME OF CHILD Stillbirth Cook

3. Sex Girl | If plural births { 4. Twin, triplet, or other X / 5. Number, in order of birth X } | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec. 27, 1940 (Month, Day, Year)

FATHER

9. Full name Eldon H. Cook
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls R#1
11. Color or race W | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Syracuse, Utah
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm
16. Date (month and year) last engaged in this work Dec. 1940
17. Total time (years) spent in this work 10 yrs.

MOTHER

18. Full maiden name Mildred Ahlman
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls R#1
20. Color or race W | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Logan, Utah
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Dec. 1940
26. Total time (years) spent in this work 2 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 11 (At time of this birth and including this child)
(a) Born alive and now living — (b) Born alive but now dead — (c) Stillborn 11
29. If stillborn, period of gestation full term { months or weeks
30. Cause of stillbirth { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 8:35 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) M. R. Arnett, M. D.
or , Midwife
Address Idaho Falls Ida.
Filed January 9, 1941 B M Bookstead Registrar.



RECEIVED

1225[illegible]6

United States
Department of Commerce
Bureau of the Census

JAN 11 1941

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 6-0

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ✓ Institution ..... Other place .....
(f) Name Hosp. or Inst. L.D.S. Hospital Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R. F. D. No. Still birth
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Stillbirth Cook

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Girl
5. Color or race W.
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 27 - 1940

8. AGE	Years	Months	Days	If less than 1 day
			Stillborn	hrs ____ min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls. (City or town) (State or foreign country)

Father
12. Name Eldon H Cook
13. Birthplace Syracuse Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Mildred Ashliman
15. Birthplace Logan Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eldon H Cook
and Address Idaho Falls Idaho R#1
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 12/28/40 (Month) (Day) (Year)
(c) Place: Common, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) Jan 7, 1941 (Date received and filed) (b) M M Brookbank (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 27 1940
at 8.30 o'clock A. M.
21. I **HEREBY CERTIFY**, That I attended deceased from ..... 19..., to ..... 19...
I last saw h... alive on ..... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Maternal diabetes.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W. R. Cook M.D. (M. D. or other)
and Address Idaho Falls Ida. Date 12-27 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*
multiple skeletal fractures

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* *1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;*
generalized carcinomatosis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Memorial Drive St.
(If born in hospital or institution give name)

RECEIVED
JAN 11 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

305812

S

Registration District No. 610 State File No.
Prim. Registration District No. Local Registrar's No. 1006

2. FULL NAME OF CHILD Stillborn Rees

3. Sex Girl | If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth 12/29, 1940 (Month, Day, Year)

FATHER

9. Full name Hyrum Lavon Rees
10. Residence (usual place of abode) (If non-resident, give place and State) 3856 18th St. Idaho Falls.
11. Color or race W | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Grant, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plastering Contractor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Dec., 1940
17. Total time (years) spent in this work 16yrs.

MOTHER

18. Full maiden name Bernice Burks
19. Residence (usual place of abode) (If non-resident, give place and State) 3856 18th St.
20. Color or race W | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) [redacted], Idaho Shelley

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work Dec., 1940
26. Total time (years) spent in this work 11yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 11 (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 0 (c) Stillborn 11
29. If stillborn, period of gestation 6 months { months or weeks
30. Cause of stillbirth { Before labor — During labor

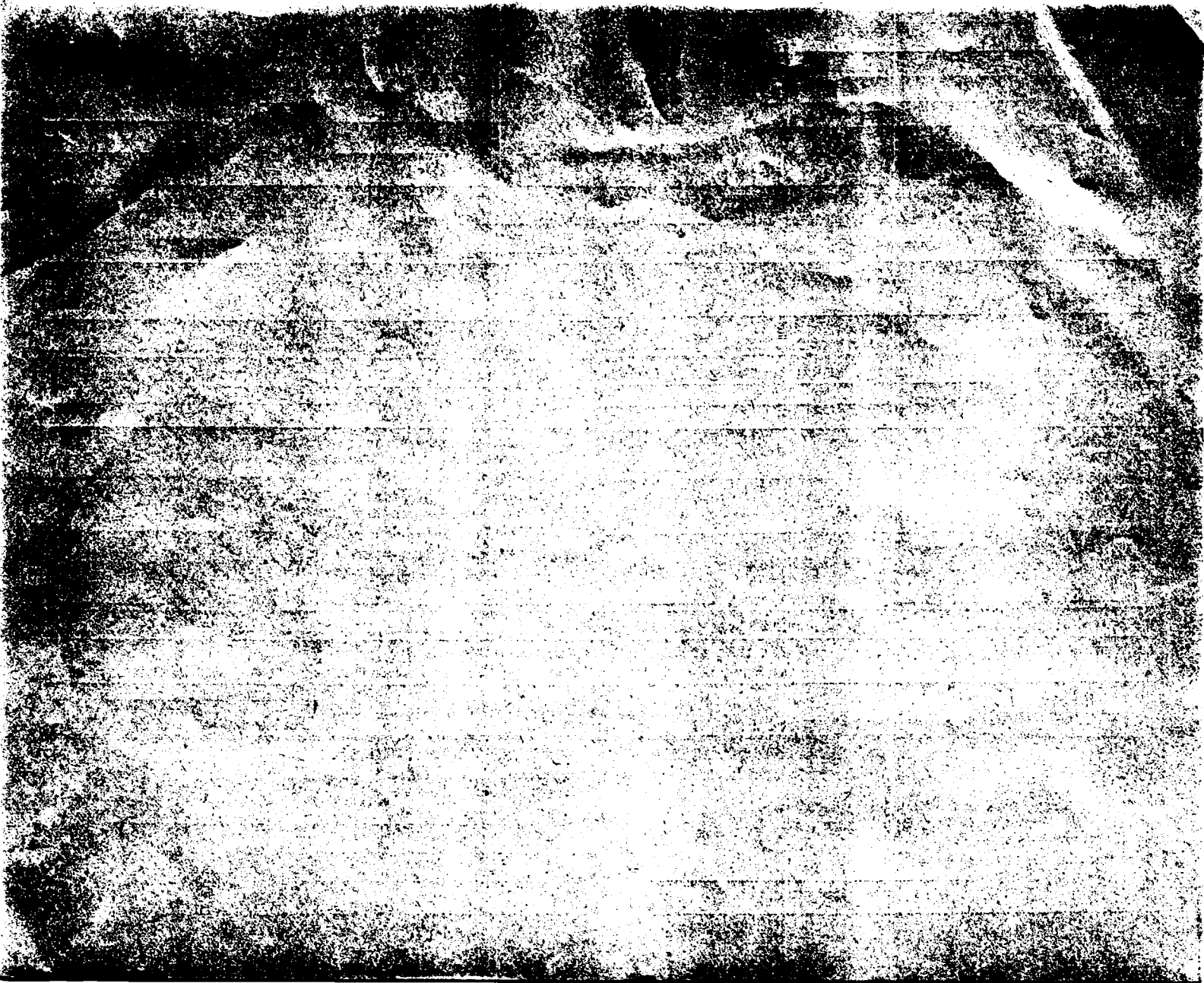
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 5 40 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)

(Signed) W. R. Corbett, M. D.
or , Midwife
Address Idaho Falls Ida
Filed January 9, 1941 J. M. Brookfield
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

JAN 11 1941

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122577
Local Reg. No. 4
Reg. Dist. No. 6-10

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ... Hospital ✓ Institution ... Other place ...
(f) Name Hosp. or Inst. L. D. S. Hospital Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R. F. D. No. .....
(e) Deceased lived ~~Inside~~ Outside? ..... city or town
(f) If ~~foreign~~ born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Stillborn Rees

3. (b) If veteran, name war .....
3. (c) Social Security No. ~~[illegible]~~
4. Sex Girl
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 29 1940

8. AGE	Years	Months	Days	If less than 1 day
		Stillborn		hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Ida (City or town) (State or foreign country)

Father
12. Name Hyrum Lavon Rees
13. Birthplace Grant, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Bernice Burks
15. Birthplace Jamestown, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature LaVon Rees
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 12/31/40 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) Jan 4 1941 (Date received and filed) (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 29 1940
at 5:40 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from Dec 29 1940 to Dec 29 1940
I last saw h[illegible] alive on Stillborn 19 ....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Maternal Nephritis — Duration .....
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. L. Corbett M.D. (M. D. or other)
and Address Idaho Falls Ida Date Dec 30 1940.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Baby Rees

now lying buried in Rosehill Cemetery, in the City or Town of Idaho Falls

County of Bonneville State of Idaho, who died on the 29 day of December, 1940, Aged _____ years _____ months

_____ days, the cause of death being Stillborn and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. W. R. Abbott attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to Taylor Cemetery in the City or Town of Shelley, Rural Rt. County of Bingham

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Bonneville it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 28th day of September, A.D. 1967.

Permit issued to:
Williams Memorial Chapel
555 E. Street
Idaho Falls, Idaho

W. W. Benson
by _____ Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of _____ State of Idaho, this _____ day of _____, 19___.

_____
Health Officer

FORM BH 56-019

TITLE 39, CHAPTER 2, VOL. 7 OF THE IDAHO CODE

"Sec. 39-211. No body shall be disinterred within the State of Idaho except upon a permit granted by the State Board of Health. The forms of disinterment permits shall be prepared by the State Board of Health. Disinterment and removal must be done under the personal supervision of a licensed embalmer, and must be done at an hour when there is the least possible exposure. Only such persons as are actually necessary shall be present. The coffin shall not be opened either at place of disinterment or place of destination, except special permit be issued by the State Board of Health. And in case of disinterment of bodies dead by reason of contagious and infectious diseases, as shown by the certificate of death given by the attending physician, the sexton and all other persons engaged in such removal or being present shall immediately thereafter change their clothing and properly disinfect their hands, head and face, provided, that such disinterment may also be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every permit: provided, also, that in case of any contagious and infectious disease where remains are to be shipped to points in other states, permission must first be obtained from the Secretary of State Board of Health of such State. The State Board of Health may also issue a special disinterment permit for legal purposes. This permit for legal purposes shall be granted only upon application of a prosecuting attorney or the Attorney General of this State, stating therein such facts which make it evident to the State Board of Health that the ends of justice require that disinterment be permitted. Such special disinterment for legal purposes shall be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every such special disinterment permit for legal purposes."

Made from death certificate

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 305873

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Jerry Anton Blecha — stillborn

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term ____	7. Legitimate? ____	8. Date of birth April 18, 1940 (Month, Day, Year)
Male				

FATHER	MOTHER
9. Full name: Anton Blecha	18. Full maiden name: Bessie Stapak
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race ____ 12. Age at last birthday ____ (years)	20. Color or race ____ 21. Age at last birthday ____ (years)
13. Birthplace (city or place) Matchall Lon (State or Country) Bvgr Bohemia	22. Birthplace (city or place) Matchal (State or Country) B.C.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth Premature from labor — Before labor ____ During labor ____
Occiput posterior hard pains
Dry birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 10:45 at P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) Horace P. Belknap, M. D.
or ____, Midwife
Address ____
Filed May 9, 1940, 193__ Lydia Rodgers
Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
~~Department~~ of Commerce
Bureau of the Census

RECEIVED
MAY 10 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122578
Local Reg. No. 87
Reg. Dist. No. 3-62

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 704 - 2nd St So
(d) Death Occurred Inside? X Outside? ....city or town
(e) Died in a Home ...Hospital X Institution ...Other place ....
(f) Name Hosp. or Inst. Mercy Hospital Stayed.....days
(g) Lived in this county.....years.....months.....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 704 - 2nd St So
(e) Deceased lived Inside? yes Outside? .....city or town
(f) If foreign born, in U. S. ~ yrs. Citizen of U. S.? ~
(g) How long had deceased lived in Idaho? ~ years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Jerry Anton Blecha.
3. (b) If veteran, name war ~ 3. (c) Social Security No. ~
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ~ 6 (c) Age of husband or wife if alive ~ years
7. Date of Birth (Month, Day, Year) April 18 - 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation ..... Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa (City or town) Ida. (State or foreign country)

Father
12. Name Anton Blecha.
13. Birthplace Lon. (City or town) Bohemia (State or foreign country)

Mother
14. Maiden name Bessie Stapak
15. Birthplace Matchall B. C. (City or town) (State or foreign country)

16. Informant's X **OWN** Signature Anton Blecha
and Address Nampa, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof April 19-40 (Month) (Day) (Year)
(c) Place: Bob Taylor Nampa
18. Funeral Director's **OWN** Signature Heath Tallen
and Address Nampa, Idaho
19. (a) May 9, 1940 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-18 1940
at 10:45 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 4-18 1940, to 4-18 1940
I last saw h~ alive on .....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	
Due to Pressure from labor.	
Hard Pains	
Due to	
Other conditions Accidental partus ? No (Include pregnancy within 3 months of death) Water.	
(Jerry Born)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Grace P. Belknap (M. D. or other)
and Address Nampa Date 5/10 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH Made from death certificate

County of Canyon

City of Nampa

No. ..... St.

.....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 305874

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD stillborn male Star

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	.....	Nov 20, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Alvin Star	18. Full maiden name: Gepford
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race ..... | 12. Age at last birthday ..... (years)	20. Color or race ..... | 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country): Oregon	22. Birthplace (city or place) (State or Country): Nebraska
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth abortion due to epithelical growth in mother's vagina { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn 4:00 at A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Geo. O. A. Kellogg, M. D.

or ....., Midwife

Address Nampa

Filed No 29, 1940, 193 Lyda Rogers

..... Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

DEC 9 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 12515
Local Reg. No.
Reg. Dist. No. 3-3

1. **PLACE OF DEATH**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or ~~R.F.D.~~ No. 323 Caldwell
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. Mercy ..... Stayed ..... days
(g) Lived in this county ✓ years ✓ months ✓ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or ~~R.F.D. No.~~ 323 Adams St
(e) Deceased lived Inside? — Outside? — city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Not named Star

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, ~~divorced~~ single
6. (b) Name of husband or wife —
6 (c) Age of ~~husband~~ or wife if alive ~~—~~ years
7. Date of Birth (Month, Day, Year) Nov - 20 - 1940

8. AGE	Years	Months	Days	If less than 1 day
		Stillbirth		hrs min.

9. Exact Occupation Mechanic — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Nampa Ida (City or town) (State or foreign country)

Father
12. Name Glenn Star
13. Birthplace ~~Utah~~ Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Gepford
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Glenn Gepford
and Address Caldwell Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-40 (Month) (Day) (Year)
(c) Place Kohlenberger Cemetery
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Idaho
19. (a) Nov. 22 1940 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 20 1940
at 4 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still-born in 5th month — Duration
Abortion due to epithelial
~~Bronchitis~~ growth in mothers
vagina.
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Geo. A. Kellogg (M. D. or other)
and Address Nampa Ida. Date 11/22/40 19 40
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

K

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

RECEIVED
JAN 9 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

305875

Registration District No. 362 State File No.

Prim. Registration District No. Local Registrar's No. 526

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. Mercy Hospital St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn Sealey

3. Sex	If plural birth, triplet, or other birth, number, in order of birth	6. Premature or Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		Premature	yes	12-24-1940

FATHER	MOTHER
9. Full name Harry Albert Sealey	18. Full maiden name Mary Eileen Gould
10. Residence (usual place of abode) (If non-resident, give place and State) 526 6th Ave So	19. Residence (usual place of abode) (If non-resident, give place and State) 526 6th Ave So
11. Color or race W	12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Treasureton Utah	
OCCUPATION	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Montgomery Ward	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work present, 19	17. Total time (years) spent in this work 9 mos
25. Date (month and year) last engaged in this work present, 19	26. Total time (years) spent in this work 8 yrs

20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) McCook, Neb. (State or Country)

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
2 (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 6 months { months or weeks

30. Cause of stillbirth { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:03 P m. on the date above stated.
(~~Born Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) W B Rose, M. D.
or , Midwife
Address Nampa Idaho
Filed Jan. 6 1941 Lyda Rodgers
Registrar.

FAILURE TO FILE THIS CERTIFICATE AND—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 8 1941

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122580
Local Reg. No. 246
Reg. Dist. No. 3-62

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ... city or town
(e) Died in a Home ... Hospital ✓ Institution ... Other place ...
(f) Name Hosp. or Inst. Mercy Hosp. Stayed ✓ days
(g) Lived in this county ✓ years ✓ months ✓ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 526-6th Ave So
(e) Deceased lived Inside? ✓ Outside? ... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Baby Sealey

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) Dec. 24, 1940

8. AGE	Years	Months	Days	If less than 1 day
				hrs — min.

9. Exact Occupation — Did this work for — yrs.

10. Industry or Business — Date last worked —

11. Birthplace Nampa (City or town) Idaho (State or foreign country)

Father
12. Name Harry A. Sealey
13. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Eileen M. Gould
15. Birthplace McCook (City or town) Neb (State or foreign country)

16. Informant's **OWN** Signature Harry A Sealey and Address 520-6th Ave. So., Nampa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/25/40 (Month) (Day) (Year)
(c) Place: 520-6th Ave. S. Nampa Burial Ida.

18. Funeral Director's **OWN** Signature Frank Hacker Arthur at Home and Address Nampa Idaho

19. (a) Jan. 2-1941 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/24 1940 at ... o'clock ... M.

21. I **HEREBY CERTIFY**, That I attended deceased from 12/24 1940, to 12/24 1940
I ~~last saw~~ h.: alive on ... 19... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Stillborn — 6 mos.
Uterine pregnancy.
Due to ...
Due to ...
Other conditions ... (Include pregnancy within 3 months of death)
Where was disease first contracted? —
Name of operation — Date ...
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature W B Ross (M. D. or other)
and Address Nampa Ida. Date 12/30 1940

(For additional space, use reverse side)

Ross

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JAN 9 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 305876

1. PLACE OF BIRTH
County of Cassia
City of Burley
No. 154 N. Oak Street St.
(If born in hospital or institution give name.)

Registration District No. 470 State File No.
Prim. Registration District No. Local Registrar's No. 376

2. FULL NAME OF CHILD Baby Laidlaw.

3. Sex Female

If plural births { 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? Yes.

8. Date of birth Dec. 18 1940. (Month, Day, Year)

FATHER

9. Full name Fred M. Laidlaw

10. Residence (usual place of abode) (If non-resident, give place and State) Burley 303 S. Hansen

11. Color or race White 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Boise Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Automobile Sales

16. Date (month and year) last engaged in this work ..., 19...

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mary Elizabeth Clark

19. Residence (usual place of abode) (If non-resident, give place and State) Burley 303 S. Hansen

20. Color or race White 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Idaho Falls Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ..., 19...

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 Mo. months or weeks

30. Cause of stillbirth Premature Labor { Before labor During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8½ a. m. on the date above stated.
(Born Alive or Stillborn)

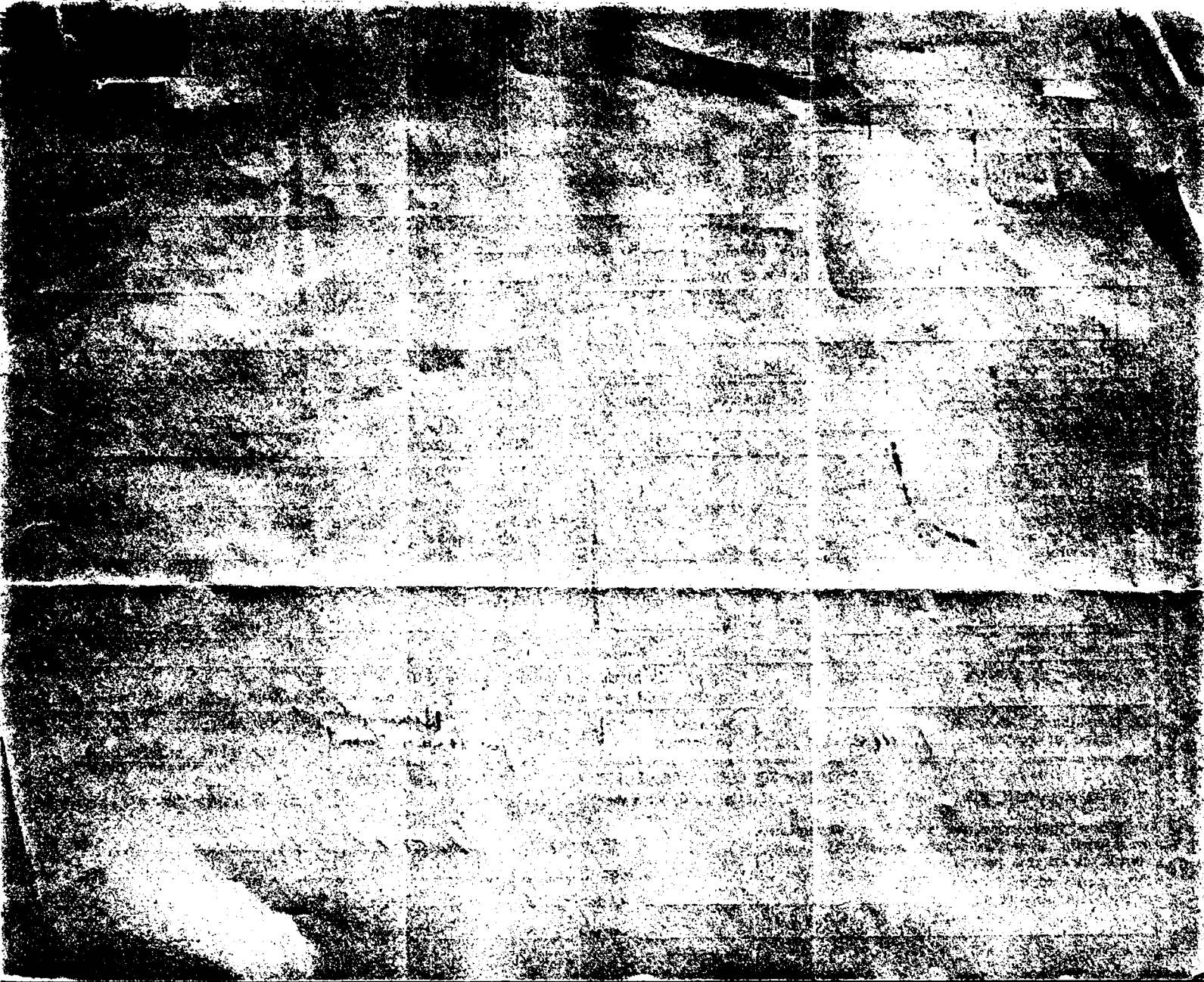
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) Chas R Coburn, M. D.
or ..., Midwife
Address Burley, Ida Ho.
Filed 1-7 1941 Laura G Spencer
Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

JAN 9 1941

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 122581
Local Reg. No. 10
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Jones Maternity Hosp. ed days
   (g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town Still Born
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Laidlaw

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Dec 18th 1940

8. **AGE**

Years	Months	Days	If less than 1 day
—	—	—	hrs — min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Burley (City or town) Idaho (State or foreign country)

Father
12. Name Fred M. Laidlaw
13. Birthplace Boise Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Mary Clark
15. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred M. Laidlaw
and Address Burley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19-1940 (Month) (Day) (Year)
(c) Place: Burley Idaho
18. Funeral Director's **OWN** Signature C. O. K. Joyce
and Address Burley Idaho
19. (a) Dec 20-40 (Date received and filed) (b) Laura G. Schaecher (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 18th 1940
at 8:40 o'clock a M.

21. I **HEREBY CERTIFY,** That I attended deceased from 19..., to 19...
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still Born — Duration
Due to Hemorrhage from Placenta Previa
Due to Intra Uterine
Other conditions (Include pregnancy within 3 months of death) Acute Hemorrhage, Asphyxia, Blood
Where was disease contracted? — PHYSICIAN
Name of operation — Date
Major finding
Finding of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Chas. F. Latimer (M. D. or other)
and Address Burley Date 12-20 1940

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of [illegible] Lic. No. 527 at [illegible] on 12-18-1940
ADDITIONAL REMARKS

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Mary Elizabeth Laidlaw

now lying buried in Burley Cemetery, in the City or Town of Burley

County of Cassia State of Idaho, who died on the 18 day of Dec., 1940, Aged ____ years ____ months

____ days, the cause of death being Stillborn and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Terhune attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to Carey Cemetery in the City or Town of Carey County of Blaine

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Cassia it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 30th day of August, A.D. 1967.

Permit issued to:

Bird Funeral Home
Box 696
Hailey, Idaho 83333

W. W. Banson
by _____ Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of _____ State of Idaho, this _____ day of _____, 19___.

_____
Health Officer

FORM BH 56-019

TITLE 39, CHAPTER 2, VOL. 7 OF THE IDAHO CODE

"Sec. 39-211. No body shall be disinterred within the State of Idaho except upon a permit granted by the State Board of Health. The forms of disinterment permits shall be prepared by the State Board of Health. Disinterment and removal must be done under the personal supervision of a licensed embalmer, and must be done at an hour when there is the least possible exposure. Only such persons as are actually necessary shall be present. The coffin shall not be opened either at place of disinterment or place of destination, except special permit be issued by the State Board of Health. And in case of disinterment of bodies dead by reason of contagious and infectious diseases, as shown by the certificate of death given by the attending physician, the sexton and all other persons engaged in such removal or being present shall immediately thereafter change their clothing and properly disinfect their hands, head and face, provided, that such disinterment may also be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every permit: provided, also, that in case of any contagious and infectious disease where remains are to be shipped to points in other states, permission must first be obtained from the Secretary of State Board of Health of such State. The State Board of Health may also issue a special disinterment permit for legal purposes. This permit for legal purposes shall be granted only upon application of a prosecuting attorney or the Attorney General of this State, stating therein such facts which make it evident to the State Board of Health that the ends of justice require that disinterment be permitted. Such special disinterment for legal purposes shall be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every such special disinterment permit for legal purposes."

...ADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than ...ate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Orofino
No. ____ St.
Orofino Hospital
(If born in hospital or institution give name.)

RECEIVED
JAN 3 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 305877

Registration District No. 210 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 125

2. FULL NAME OF CHILD Baby Noble

3. Sex F. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ✓ Full term ____ | 7. Legitimate? ✓ | 8. Date of birth 12-30, 1940 (Month, Day, Year)

FATHER

9. Full name Charles Noble
10. Residence (usual place of abode) (If non-resident, give place and State) Avon, Ida
11. Color or race W | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Orofino Ida

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Josephine Muriel Lackey
19. Residence (usual place of abode) (If non-resident, give place and State) Avon Ida
20. Color or race W | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Kendrick Ida

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HW.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation 7½ Months. { months or weeks | 30. Cause of Stillbirth Toxemia { During labor ____ Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:15 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A B Hagenbuch, M. D.
or ____, Midwife
Address Orofino Idaho

Give name added from supplemental report ____
(Date of)
____ Registrar.

Filed 1/31, 1940 H A Shaw Registrar.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 3 1941

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122582
Local Reg. No. 12
Reg. Dist. No. 210

1. PLACE OF DEATH:
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ....city or town
(e) Died in a Home ....Hospital ✓ Institution ....Other place ....
(f) Name Hosp. or Inst. OROFINO Stayed ....days
(g) Lived in this county ....years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State .... (b) County ....
(c) City or town Orofino
(d) Street Address or R. F. D. No. ....
(e) Deceased lived inside? .... Outside? ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.? ....
(g) How long had deceased lived in Idaho? ....years
(h) Former residence (city, state) ....

3. (a) **FULL NAME** Baby Noble

3. (b) If veteran, name war ....
3. (c) Social Security No. ....
4. Sex FEMALE race WHITE
5. Color or
6. (a) Single, widowed, married, divorced ....
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) DECEMBER 30, 1940

8. AGE	Years	Months	Days	If less than 1 day: hrs	min.

9. Exact Occupation .... Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace OROFINO (City or town) IDAHO (State or foreign country)

Father
12. Name CHARLES NOBLE
13. Birthplace OROFINO (City or town) IDAHO (State or foreign country)

Mother
14. Maiden name JOSEPHINE LACKEY
15. Birthplace KENDRICK (City or town) IDAHO (State or foreign country)

16. Informant's **OWN** Signature Charles Noble
and Address Avon, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 31 1940 (Month) (Day) (Year)
(c) Place: Julietta Cemetery
18. Funeral Director's **OWN** Signature George C. Blakely
and Address Orofino Idaho
19. (a) 1/3/41 (Date received and filed) (b) H. A. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) .... 19....
at ....o'clock ....M.

21. **I HEREBY CERTIFY,** That I attended deceased from .... 19...., to .... 19....
I last saw h.... alive on .... 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Death due to Toxemia of Pregnancy
Due to .... 7½ Months
Due to .... Intoxication
Other conditions ....
(Include pregnancy within 3 months of death)

Duration

Where was disease first contracted? ....
Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature A. B. Coppenbarger M.D.
(M.D. or other)
and Address Orofino Idaho Date 12-31-40 19....
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia, generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 16 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 305878

Registration District No. 540 State File No.
Prim. Registration District No. 2119 Local Registrar's No. 138

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. St.
General Memorial Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Seamons

3. Sex: Female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth —
6. Premature — Full term
7. Legitimate? —
8. Date of birth Dec 5, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Melvin Henry Seamons	18. Full maiden name: Lora Gertrude Jepsen
10. Residence (usual place of abode) (If non-resident, give place and State): Mink Creek, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Mink Creek, Idaho
11. Color or race: White 12. Age at last birthday: 39 (years)	20. Color or race: White 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Cleveland Idaho	22. Birthplace (city or place) (State or Country): Mink Creek, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__	17. Total time (years) spent in this work
25. Date (month and year) last engaged in this work ____, 19__	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 8 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 4

29. If stillborn, period of gestation 5 months. { months or weeks
30. Cause of Stillbirth { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 A/P m. on the date above stated.
(Born Alive or Stillborn)

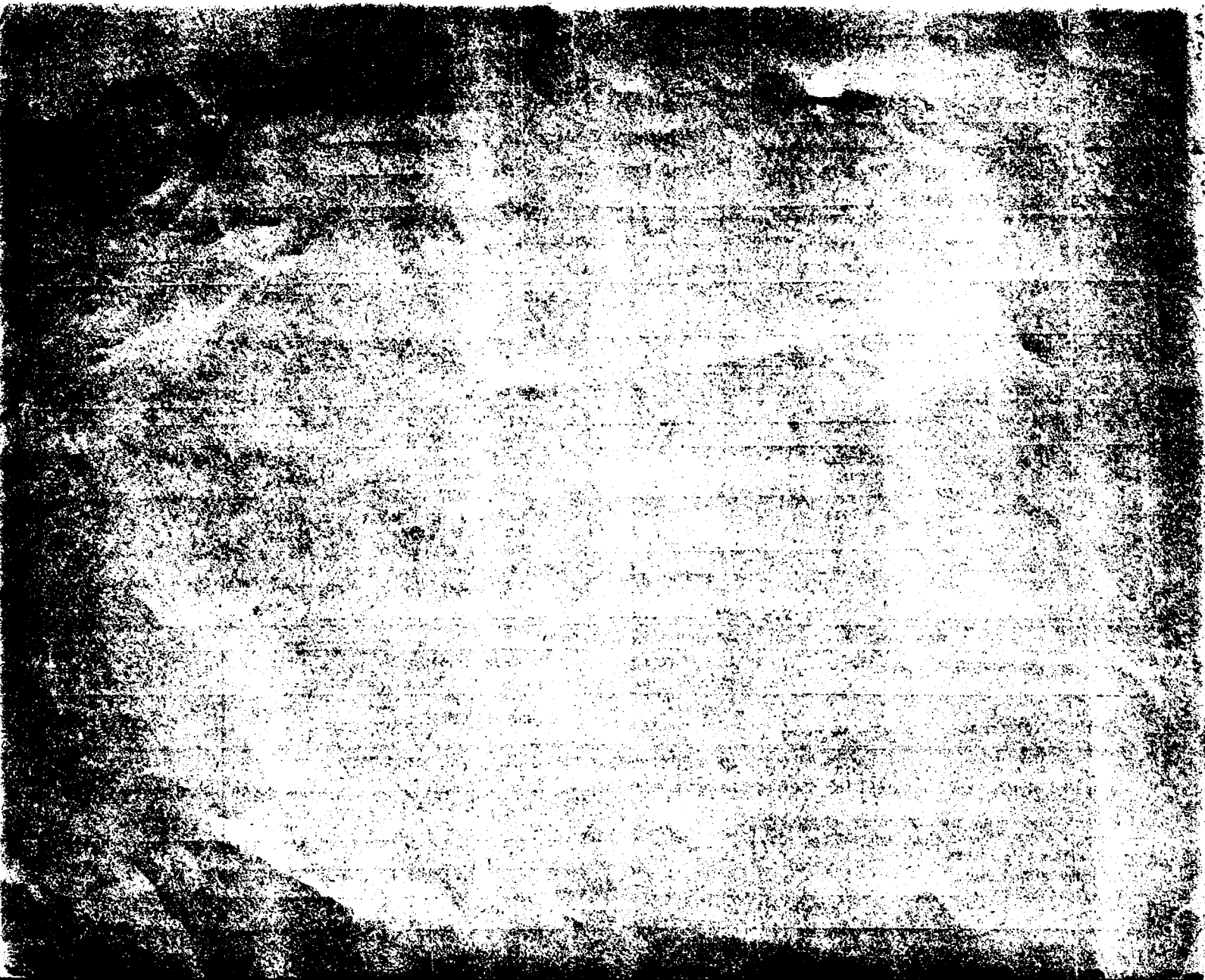
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report
(Date of)

(Signed) O. K. Cutler, M. D.
or Midwife
Address Preston, Idaho

Filed Jan 4, 1941 Ewe Stokes
Registrar.

Registrar.



RECEIVED
JAN 16 1941

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122583
Local Reg. No. 36
Reg. Dist. No. 540

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Usual residence Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Mink Creek Idaho
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? x city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Stillborn Baby Seamons

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 5, 1940

8. AGE	Years	Months	Days	If less than 1 day: hrs	min.
	—	—	—	Stillborn	

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Preston Idaho (City or town) (State or foreign country)

Father
12. Name Melvin Henry Seamons
13. Birthplace Cleveland Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Lora Gertrude Jepsen
15. Birthplace Mink Creek Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Melvin H. Seamons and Address Mink Creek Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-40 (Month) (Day) (Year)
   (c) Place: Mink Creek Idaho
18. Funeral Director's **OWN** Signature None and Address
19. (a) Jan 14 1941 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 5 1940 at 5 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from Dec 5 1940 to Dec 5 1940
   I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	5 minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. K. Culley M.D. (M. D. or other)
and Address Preston Idaho Date 12-6 1940

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

305879 S

1. PLACE OF BIRTH — Made from death certificate

County of Fremont

City of Marysville

No. ____ St.

(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Clifford Leroy Ashley- stillborn

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? ____

8. Date of birth Sept 17, 1940 (Month, Day, Year)

FATHER

9. Full name: Dale Ashley

10. Residence (usual place of abode) (If non-resident, give place and State): Ashton

11. Color or race ____ | 12. Age at last birthday ____ (years)

13. Birthplace (city or place) Ashton (State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Myra Maud Daley

19. Residence (usual place of abode) (If non-resident, give place and State): Ashton

20. Color or race ____ | 21. Age at last birthday ____ (years)

22. Birthplace (city or place) ____ (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth injury of high forceps — Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at ____ m. on the date above stated.

(Signed) E.L.Hargis, M. D.

or ____, Midwife

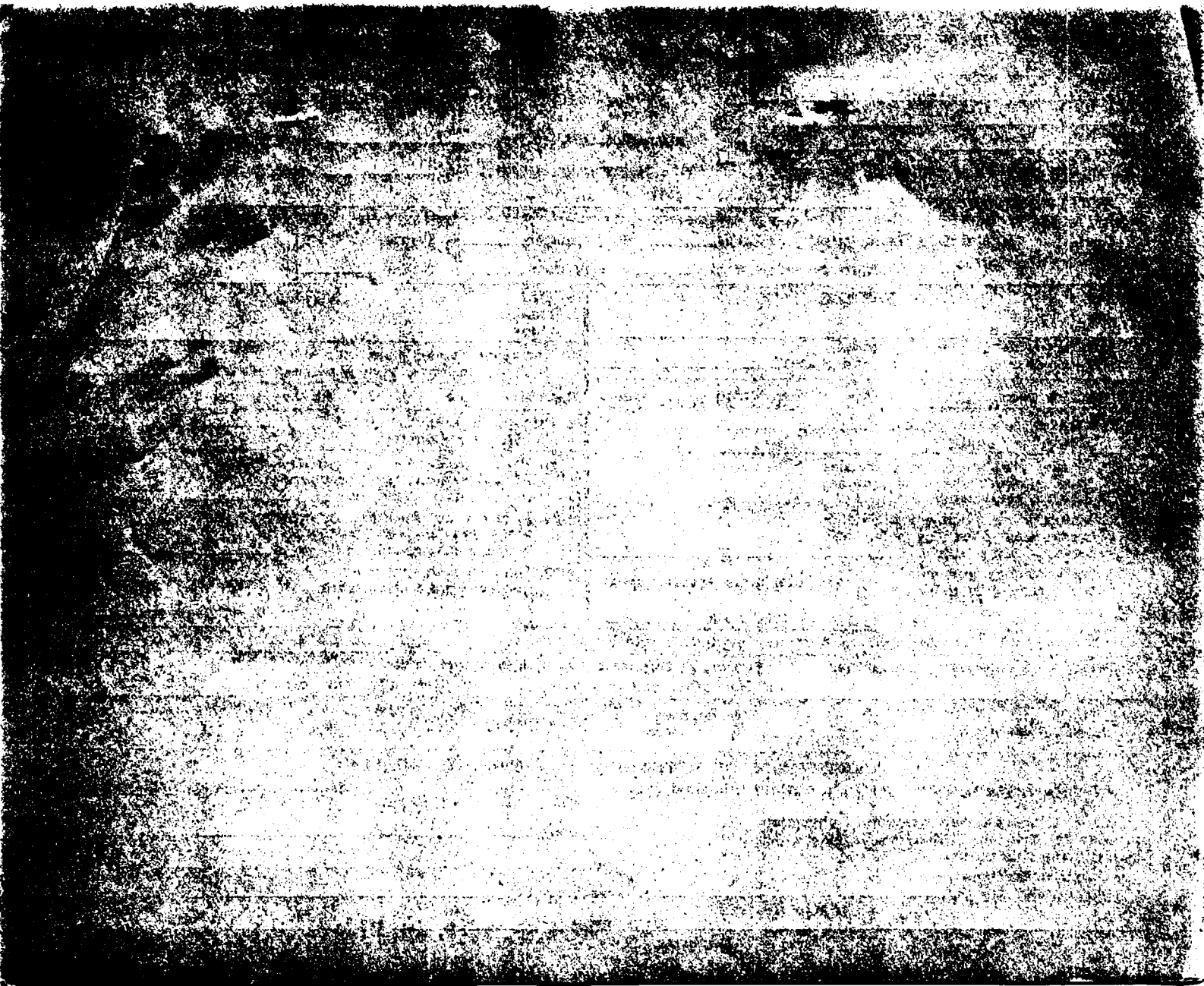
Address ____

Filed Sept 18, 1940 193 W.M. Hansen
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.



United States
Department of Commerce
Bureau of the Census

FILED OCT 3 1940

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122584
Local Reg. No. 72
Reg. Dist. No. 657

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town Marysville Idaho.
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Clifford Leroy Ashley. (Still Born.)

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 9/17/40

8. AGE	Years	Months	Days	If less than 1 day
	X	X	X	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Marysville (City or town) Idaho (State or foreign country)

Father
12. Name Dale Ashley.
13. Birthplace Ashton (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Myra. Maud, Daley.
15. Birthplace Nebraska. (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. L. Ashley
and Address Ashton Idaho. 9/17/40
17. (a) Burial, cremation Ashton (b) Date thereof Idaho. (Month) (Day) (Year)
(c) Place:
18. Funeral Director's **OWN** Signature Lewis Kiser
and Address Ashton Idaho.
19. (a) Sept. 18-1940 (Date received and filed) (b) W. M. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-17- 1940
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 17 19 , to Sept 17 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still born from Duration
Injury of Right Forceps
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D. L. Hanson, M. D. (M. D. or other)
and Address Ashton Idaho. Date 9-19- 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 305880

SEP 5 1940

Registration District No. _____ State File No. _____

Prim. Registration District No. 342 Local Registrar's No. _____

1. PLACE OF BIRTH
County of Lewis
City of Lenore
No. _____ St.
Lewis Lewis
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Shirley Rose Looney

3. Sex F | If plural births { 4. Twin, triplet, or other 2 | 5. Number, in order of birth _____ | 6. Premature _____ Full term — | 7. Legitimate? yes | 8. Date of birth Aug 7, 1940 (Month, Day, Year)

FATHER

9. Full name Wilbur Lake Looney
10. Residence (usual place of abode) (If non-resident, give place and State) Lenore
11. Color or race W | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Madras, Oregon

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19__ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Laura Eileen Olson
19. Residence (usual place of abode) (If non-resident, give place and State) Lenore
20. Color or race W | 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Shelby, Montana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19__ | 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? silver nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks | 30. Cause of stillbirth unknown { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Aug 7, 1940 at 3:45 p.m. on the date above stated.
(Born alive or Stillborn)

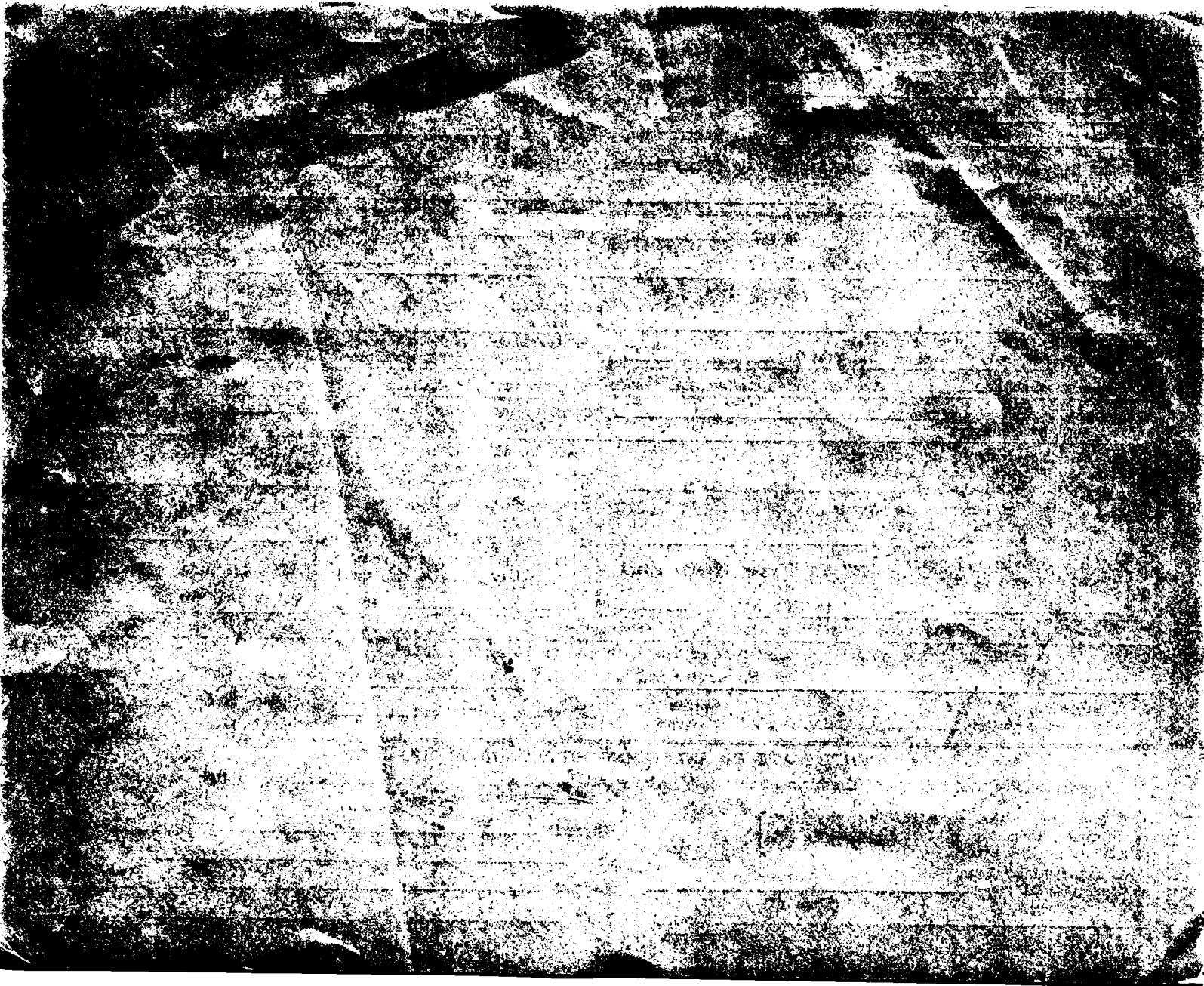
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or _____, Midwife
Address Lenore

Give name added from a supplemental report _____
(Date of)

Filed 9-4-40, 193__ J. L. Reynolds
Registrar.

_____
Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122585
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. Mary Secor Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No. Rt. 1
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Shirley Ann Looney

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name Wilbur Jake Looney
13. Birthplace Madress, Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Laura Eileen Olson
15. Birthplace Malta, Montana (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address taken from birth certificate
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place:
18. Funeral Director's **OWN** Signature and Address -
19. (a) Sept 4, 1940 (Date received and filed) (b) J. L. Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 7, 1940 19
at 3:45 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillborn - unknown cause
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. E. Carver, M. D. (M. D. or other)
and Address Emmett, Idaho Date 19
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

1. PLACE OF BIRTH

County of Ada

City of Emmett

No. S. Washington St.

1019

(If born in hospital or institution give name.)

RECEIVED

JAN 6 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 305881

Registration District No. 341 State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Stillborn Infant. Bernard.

3. Sex M

If plural births { 4. Twin, triplet, or other

5. Number, in order of birth

6. Premature Full term X

7. Legitimate? X

8. Date of birth Dec 28, 1940 (Month, Day, Year)

FATHER

9. Full name Wm Bernard

10. Residence (usual place of abode) (If non-resident, give place and State) Emmett

11. Color or race W | 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) St. Louis County Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Law Enforcement Police Officer.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. City Gov

16. Date (month and year) last engaged in this work ____, 19__

17. Total time (years) spent in this work 2 years

MOTHER

18. Full maiden name Pearl Buck

19. Residence (usual place of abode) (If non-resident, give place and State) Emmett

20. Color or race W | 21. Age at last birthday 41 (years)

22. Birthplace (city or place) (State or Country) Smith Center Kans.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ____, 19__

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor Unknown During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 5:17 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) C. E. Cavaness, M. D.

or ____, Midwife

Address Emmett

Filed ____, 193__ J. K. Reynolds Registrar.

Registrar.

One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



RECEIVED

JAN 6 1941

122586

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 320
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Son W. M. Bernard

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 28 - 1940

8. AGE	Years	Months	Days	If less than 1 day
	still born			hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Emmett (City or town) Idaho (State or foreign country)

Father
12. Name W. M. Bernard
13. Birthplace Mo (City or town) (State or foreign country)

Mother
14. Maiden name Pearl Buck
15. Birthplace Kan (City or town) (State or foreign country)

16. Informant's **OWN** Signature W M Bernard
and Address Emmett Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Wendell Idaho
18. Funeral Director's **OWN** Signature O D Buckmaster
and Address Emmett Idaho
19. (a) 12/28-1940 (Date received and filed) (b) J. H. Augsbach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 28 1940
at 5 P o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from ..... 19..... , to ..... 19.....
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still born — Duration
Cause unknown
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H H Hawkins (M. D. or other)
and Address Emmett Date 12-28 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of Gooding
No. ..... St.
(If born in hospital or institution give name.)

Made from death certificate

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 305882

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Stillborn female Lewis

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	5 mo. Full term	.....	June 22, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Fred Lewis	18. Full maiden name: Daisy Blystone
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race: White 12. Age at last birthday: 34 (years)	20. Color or race: White 21. Age at last birthday: 25 (years)
13. Birthplace (city or place): Gooding (State or Country): Idaho	22. Birthplace (city or place): Filer (State or Country): Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) F.E.Barrett, M. D.
or ....., Midwife
Address Gooding
Filed June 25, 1940, 193... J.H.Cromwell Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 122587

Registration District No. 420
Primary Registration District No. ____ Local Registrar's No. 490
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ____
(a) Residence No. ____ Gooding Co. Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ____
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____
6. DATE OF BIRTH (month, day, and year): June 22 40
7. AGE: Years ____ Months ____ Days ____ If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Gooding (State or country) Ida

FATHER
13. NAME Fred Lewis
14. BIRTHPLACE (city or town) Gooding (State or country) Ida

MOTHER
15. MAIDEN NAME Daisy Blystone
16. BIRTHPLACE (city or town) Teton (State or country) Ida

17. INFORMANT Fred Lewis (Address)

18. BURIAL, CREMATION OR REMOVAL Place ____ Date 6-22, 1940

19. UNDERTAKER Fred Lewis (Address)

20. FILED 6-26, 1940 J. R. Cromwell Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 22 1940

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1940 to June 22, 1940
I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pellagra	
Hypo. Gastritis	

Other **contributory causes** of importance: ____

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) T. E. Barrett, M. D.
(Address) Gooding Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St. ____

(If born in hospital or institution give name.)

Made from death certificate

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 305883

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Stillborn Lewis

3. Sex	If plural births	6. Premature 5 mo / Full term	7. Legitimate?	8. Date of birth June 22, 1940 (Month, Day, Year)
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____			

FATHER	MOTHER
9. Full name: Fred Lewis	18. Full maiden name: Daisy Blystone
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race ____ 12. Age at last birthday 36 (years)	20. Color or race ____ 21. Age at last birthday 25 (years)
13. Birthplace (city or place) Gooding (State or Country) Idaho	22. Birthplace (city or place) Filer (State or Country) Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

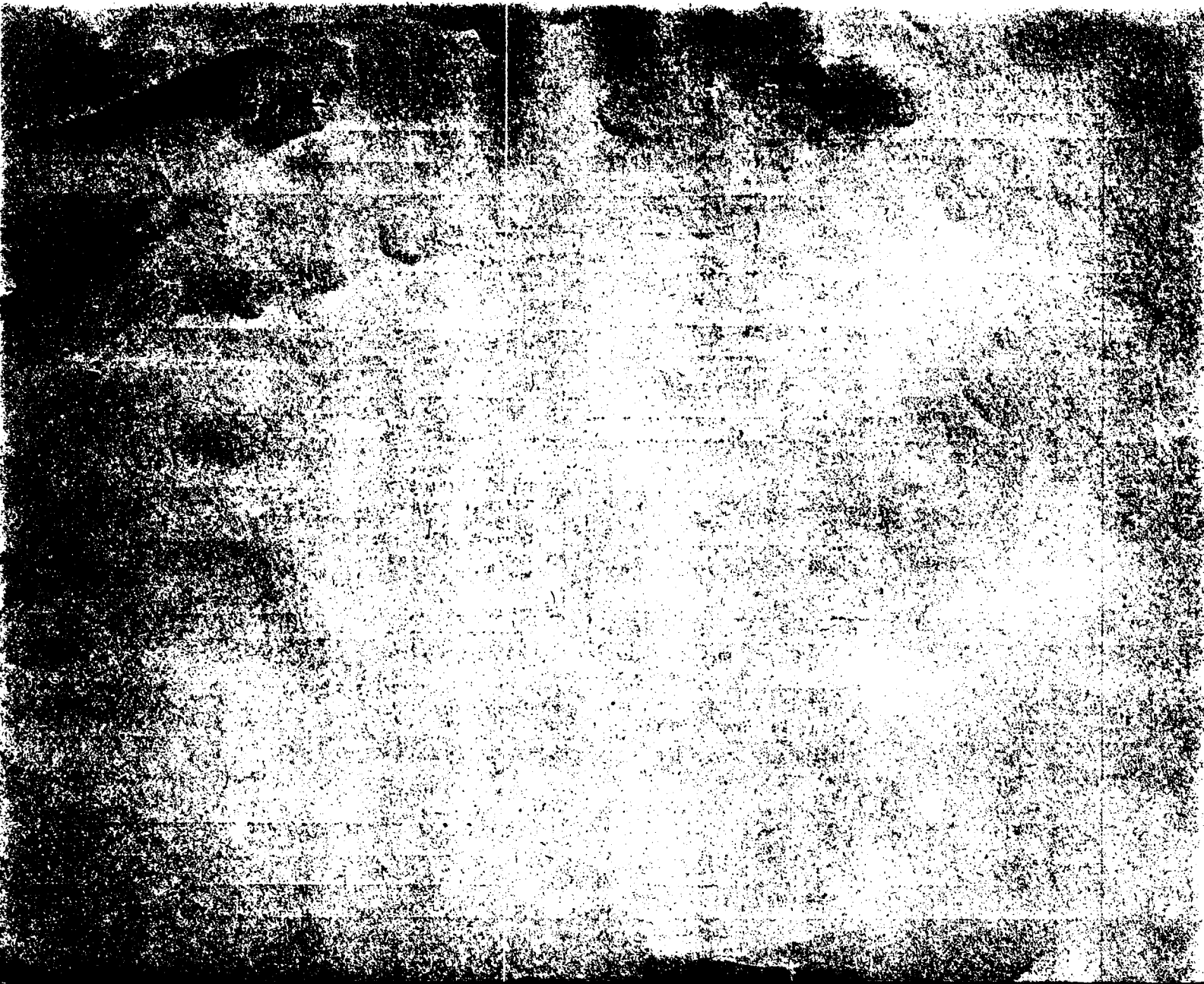
____ Registrar.

(Signed) F.E.Barrett, ____, M. D.

or ____, Midwife

Address Gooding

Filed Jund 25, 1940 J.H.Cromwell Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 122583

Registration District No. 420
Primary Registration District No. ____ Local Registrar's No. 891
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ____
(a) Residence No. Gooding Co. Hospital St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-22-40

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Gooding
(State or country) Ida

FATHER
13. NAME Fred Lewis
14. BIRTHPLACE (city or town) Gooding
(State or country) Ida

MOTHER
15. MAIDEN NAME Daisy Blystone
16. BIRTHPLACE (city or town) Filer
(State or country) Idaho

17. INFORMANT Fred Lewis
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Stanton Date 6-22, 1940

19. UNDERTAKER Fred Lewis.
(Address)

20. FILED 6-26, 1940 J. H. Commire
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 22 1940

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1940, to June 22 1940
I last saw h[illegible] alive on ____ 193..: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	
4 mo. Gestation	

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) F. E. Garrett M.D.
(Address) Gooding Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jerome

City of Eden

No. [redacted] S[redacted]

(If born in hospital or institution give name.)

RECEIVED
MAR 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 305884

Registration District No. 440 State File No.

Prim. Registration District No. Local Registrar's No. 8

2. FULL NAME OF CHILD [redacted]lborn

3. Sex	4. Twin, triplet, or other birth	5. Number of birth	6. Premature or Full term	7. Legitimate	8. Date of birth (MONTH, DAY, YEAR)
M	If plural births		Full term	Yes	3-22-1940

FATHER	MOTHER
9. Full name Earl Edwar[redacted]ton Long	18. Full maiden name Lucy Lucile Jensen
10. Residence (usual place of abode) (If non-resident, give place and State) Eden	19. Residence (usual place of abode) (If non-resident, give place and State) Eden
11. Color or race W	12. Age at last birthday 29 (years)
20. Color or race W	21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or country) Oregon	22. Birthplace (city or place) (State or country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common Labor	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work non, 19	17. Total time (years) spent in this work Lye
25. Date (month and year) last engaged in this work non, 19	26. Total time (years) spent in this work Lye

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation 9 months or weeks

29. Cause of stillbirth Unknown Before labor During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born (BORN ALIVE OR STILLBORN) at 11:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (DATE OF)

(Signed) C. R. Larson, M. D.

or , Midwife

Address Eden Idaho

Filed 3/24, 1940 C. F. Zeller

Registrar.

Registrar.



REC

United States
Department of Commerce
Bureau of the Census

1941 CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122589
Local Reg. No. 120
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County ~~Gooding~~ Jerom
(b) City or town Eden, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county X years X months X days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County ~~Gooding~~ J
(c) City or town Eden, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? X city or town
(f) If foreign born, in U. S. X yrs. Citizen of U. S.? X
(g) How long had deceased lived in Idaho? X years
(h) Former residence (city, state) X

3. (a) **FULL NAME** Baby Morton (STILLBORN)

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex
5. Color or race W
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) Stillborn

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation Infant — Did this work for X yrs.
10. Industry or Business X — Date last worked X
11. Birthplace Eden, Idaho (City or town) (State or foreign country)

Father
12. Name Earl Edward Morton
13. Birthplace Eden, Ida ho (City or town) (State or foreign country)

Mother
14. Maiden name Alice Lucile Jensen
15. Birthplace Eden, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Earl Edward Morton
and Address Eden, Idaho
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Do not know
18. Funeral Director's " " "
OWN Signature
and Address
19. (a) 1/7/41 (Date received and filed) (b) Lester M. Rose (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 22, 1940
at 3 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Feb 22 1940, to Feb 22 1940
I last saw h~~e~~ ~~alive~~ on dead on 2-22-1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stillborn	—
Due to Unknown	—
Due to Unknown	—
Other conditions (Include pregnancy within 3 months of death)	—

Where was disease first contracted? —
Name of operation Date
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. H. Farris (M. D. or other)
and Address Wendell, Idaho Date 1/7/41
(For additional space, use reverse side)

O.S.B.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 13 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

305885 S

Registration District No. 121 State File No.

Prim. Registration District No. Local Registrar's No. 456

1. PLACE OF BIRTH
County of Kootenai
City of Spirit Lake
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Russel Neil Stearns

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth 12/12, 1940 (Month, Day, Year)

FATHER

9. Full name Bert L. Stearns
10. Residence (usual place of abode) Spirit Lake (If non-resident, give place and State) Idaho
11. Color or race W | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) Sherburn (State or Country) Minnesota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veteran of 1st World War
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19__ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Violet E. Anderson
19. Residence (usual place of abode) Spirit Lake, (If non-resident, give place and State) Idaho
20. Color or race W | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) Glasgow (State or Country) Montana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19__ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% AgNO3 1gt

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 9 months (months or weeks) | 30. Cause of stillbirth Unknown { Before labor Unknown, During labor Unknown

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 9:30 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) Ner E. H. Jeal, M. D.
or Midwife
Address Coeur d'Alene Idaho
Filed 12-31-40, 193 H. L. Summers M.D.
Registrar.

RECEIVED
JAN 13 1941

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122590
Local Reg. No. 122
Reg. Dist. No. 13

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Spirit Lake
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county ✓ years ✓ months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Spirit Lake
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Russell Neil Stearns

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6 (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) Dec. 12-1940

8. AGE	Years ✓	Months ✓	Days ✓	If less than 1 day hrs min.

9. Exact Occupation ✓ Did this work for yrs.

10. Industry or Business ✓ Date last worked ✓

11. Birthplace Spirit Lake Iddho (City or town) (State or foreign country)

Father
12. Name Bert L. Stearns
13. Birthplace Sherburn Minn. (City or town) (State or foreign country)

Mother
14. Maiden name Violet E. Anderson
15. Birthplace ✓ Glasgow Mont. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bert L. Stearns
and Address Spirit Lake Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-1940 (Month) (Day) (Year)
(c) Place: Green Wood Cemetery Spirit Lake

18. Funeral Director's **OWN** Signature A. B. Nelson Cassady Rumsey Funeral Home
and Address Rathdrum Idaho

19. (a) 12-15-40 (Date received and filed) (b) Elizabeth Spooner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-12 1940
at o'clock M.

21. I **HEREBY CERTIFY,** That I attended deceased from 12-11 1940, to 12-12 1940
I last saw him alive on 12-11 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hour Not Known. — Duration
Due to Stillborn
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. H. Reed (M. D. or other)
and Address Coeur d'Alene Date 12-12 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lemhi
City of Salmon
No. ____ St. ____
(If born in hospital or institution give name.)

RECEIVED
JAN 13 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

Registration District No. 690 State File No. 305886
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Daniel Byron Dillon

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec 18 1940 (Month, Day, Year)

FATHER

9. Full name Jack C. Dillon
10. Residence (usual place of abode) Salmon Ida. (If non-resident, give place and State) ____
11. Color or race W | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or country) Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work Dec, 1940 | 17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Alice Nancy Hanesack
19. Residence (usual place of abode) Patterson Ida. (If non-resident, give place and State) ____
20. Color or race W | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or country) Ida.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
25. Date (month and year) last engaged in this work Dec, 1940 | 26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation nine months or weeks | 30. Cause of Stillbirth ____ During labor ✓ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

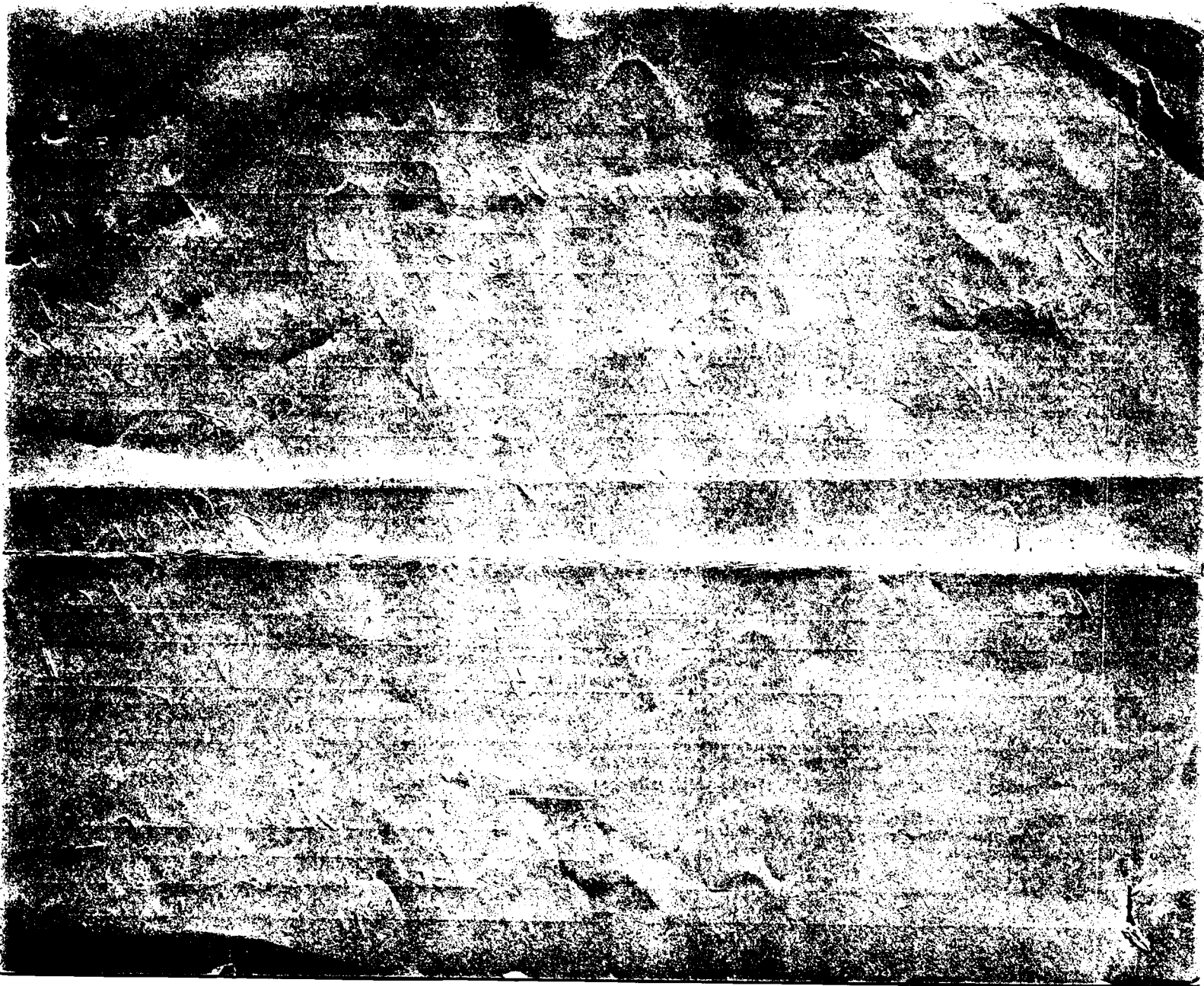
I hereby certify that I attended the birth of this child, who was stillborn at 1:30 p. m. on the date above stated.
~~(Born Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. L. Mullen, M. D.
or ____, ~~Midwife~~
Address Salmon Ida.

Give name added from a supplemental report ____
(Date of)

Filed Jan 10, 1941 Clio E. Bell Registrar.
Registrar.



RECEIVED

JAN 13 1941

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 12259-1
Local Reg. No. 695
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No. ✓
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. Withers Hospital ... days
(g) Lived in this county ✓ years ✓ months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? ✓
(g) How long had deceased lived in Idaho? ✓ years
(h) Former residence (city, state) ✓

3. (a) **FULL NAME** Baby ~~J. C.~~ Dillon (Darrel Bryson Dillon)

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None
4. Sex Male Color or race White 5. 6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓ 6 (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Still Birth

8. AGE	Years	Months	Days	If less than 1 day
	✓	✓	✓	hrs ✓ min.

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business ..... Date last worked ✓
11. Birthplace Salmon (City or town), Idaho (State or foreign country)

Father
12. Name J. C. Dillon
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Alice M. Bryson Hancock
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. C. Dillon
and Address Patterson Ida.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 12-30-1940 (Month) (Day) (Year)
(c) Place: Salmon, Idaho
18. Funeral Director **OWN** Signature Llewellyn W. Voorhees
and Address Salmon Idaho
19. (a) Jan 10 - 41 (Date received and filed) (b) Alice C Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12 - 28 - 1940
at 8 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Still Birth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. L. Mueller M.D. (M. D. or other)
and Address Salmon Ida. Date 12/31 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to	
Cancer of stomach	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____ St. St. Joseph's Hospital

(If born in hospital or institution give name.)

RECEIVED JAN 13 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 305867

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Inf. Daughter of Mr & Mrs. Harvey Nedrow

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term ____	Yes	August 30 1941 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	Harvey Nedrow	18. Full maiden name	Cora Payton
10. Residence (usual place of abode) (If non-resident, give place and State)	North Lewiston Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	North Lewiston Idaho
11. Color or race W	12. Age at last birthday 44 (years)	20. Color or race W	21. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country)	Maryland	22. Birthplace (city or place) (State or Country)	Texas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____	25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) Joseph E. Barrick, M. D.

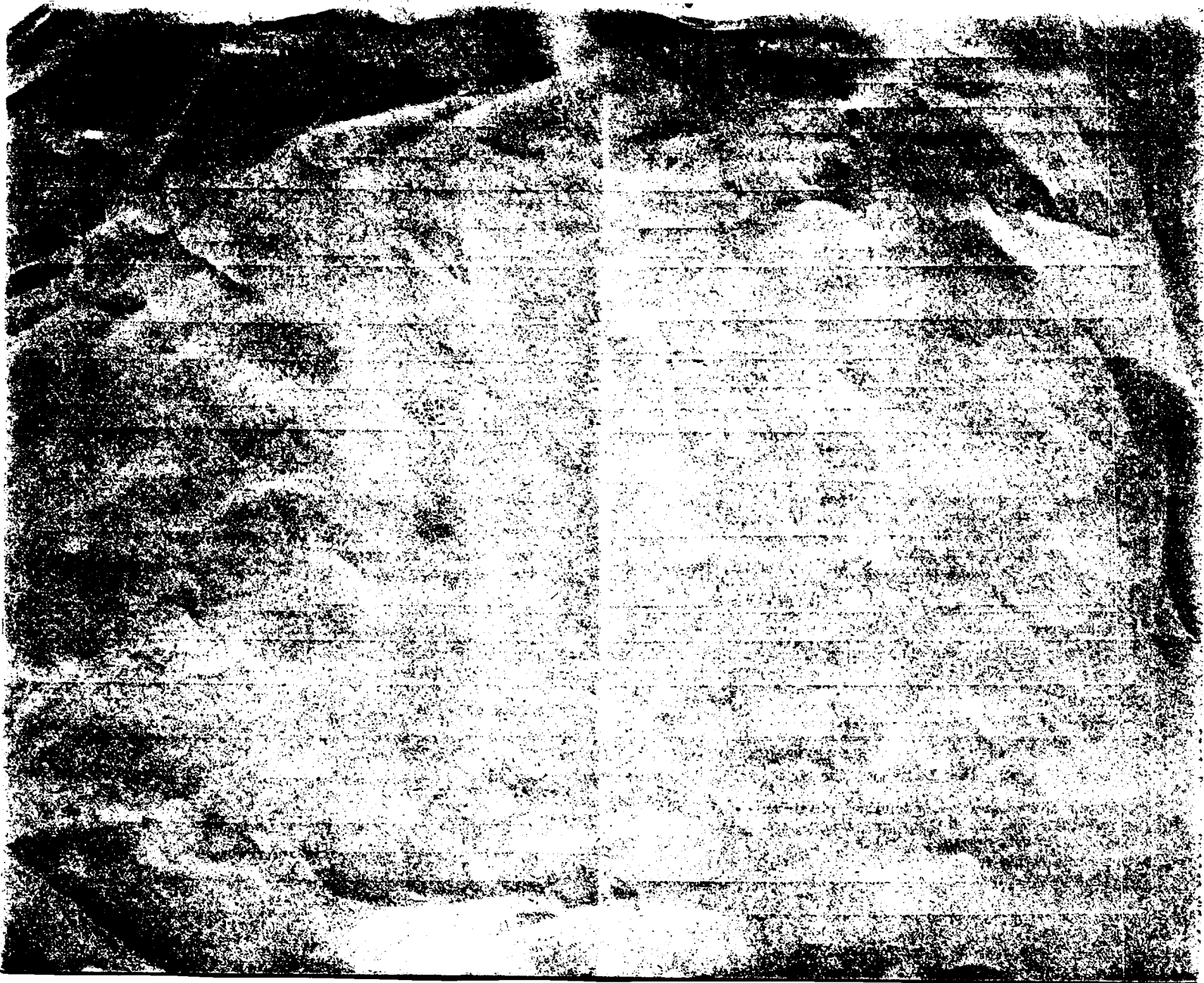
or ____, Midwife

Address 707-11th St. Lewiston

Filed Dec 11, 1941 Patricia Burke

Registrar.

Registrar.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122592
Local Reg. No.
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital? X Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. North Lewiston
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? X
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Inf Daughter Mr & Mrs H. Nedrow

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 30, 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0 hrs 0 min.

9. Exact Occupation none Did this work for 0 yrs.
10. Industry or Business none Date last worked never
11. Birthplace Lewiston, (City or town) Idaho (State or foreign country)

Father
12. Name Harvey Nedrow
13. Birthplace Maryland (City or town) (State or foreign country)

Mother
14. Maiden name Cora Payton
15. Birthplace (City or town) Texas (State or foreign country)

16. Informant's **OWN** Signature Harvey Nedrow and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-40 (Month) (Day) (Year)
(c) Place: Lewiston Ida Vassar-Rawis Mortuary
18. Funeral Director's **OWN** Signature Andrew G. Vassar and Address Lewiston, Idaho
19. (a) Sept 13 1940 (Date received and filed) (b) Patricia Burke Deputy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 30 1940 at 1:00 o'clock A.M.
21. I **HEREBY CERTIFY,** That I attended deceased from Aug 30 1940, to Aug 30th 1940
I last saw h[illegible], alive on Aug 30 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Premature infant.
Respiratory failure.
Due to Pulmonary Edema.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? Autopsy. Was operation performed? Yes
Name of operation Viscera. Date of operation
Major finding Acute Pulmonary Edema.
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Joseph E. Barnhardt (M. D. or other)
and Address Lewiston Date 8-30 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia, generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Andrew G. Vassar Lic. No. E315 at Lewiston on 8-30-40
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

JAN 13 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

305888

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St. Joseph's Hospital
(If born in hospital or institution give name.)

Registration District No. 220 State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Baby Arnold (Cameron Bruce Arnold)

3. Sex M. | If plural births {4. Twin, triplet, or other 5. Number, in order of birth} | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth Dec 28, 1940 (Month, Day, Year)

FATHER

9. Full name Stanley Dean Arnold
10. Residence (usual place of abode) (If non-resident, give place and State) Clarkston, Wash
11. Color or race White | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Montgomery Washington

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work , 1940
17. Total time (years) spent in this work 7½ yrs.

MOTHER

18. Full maiden name Helen Ethel Hanson
19. Residence (usual place of abode) (If non-resident, give place and State) Clarkston, Wash.
20. Color or race White | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) Bessemer Michigan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Her home
25. Date (month and year) last engaged in this work , 1940
26. Total time (years) spent in this work 5½ yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 9 months {months or weeks}
30. Cause of stillbirth {Before labor During labor}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 6:10 P.M. m. on the date above stated.

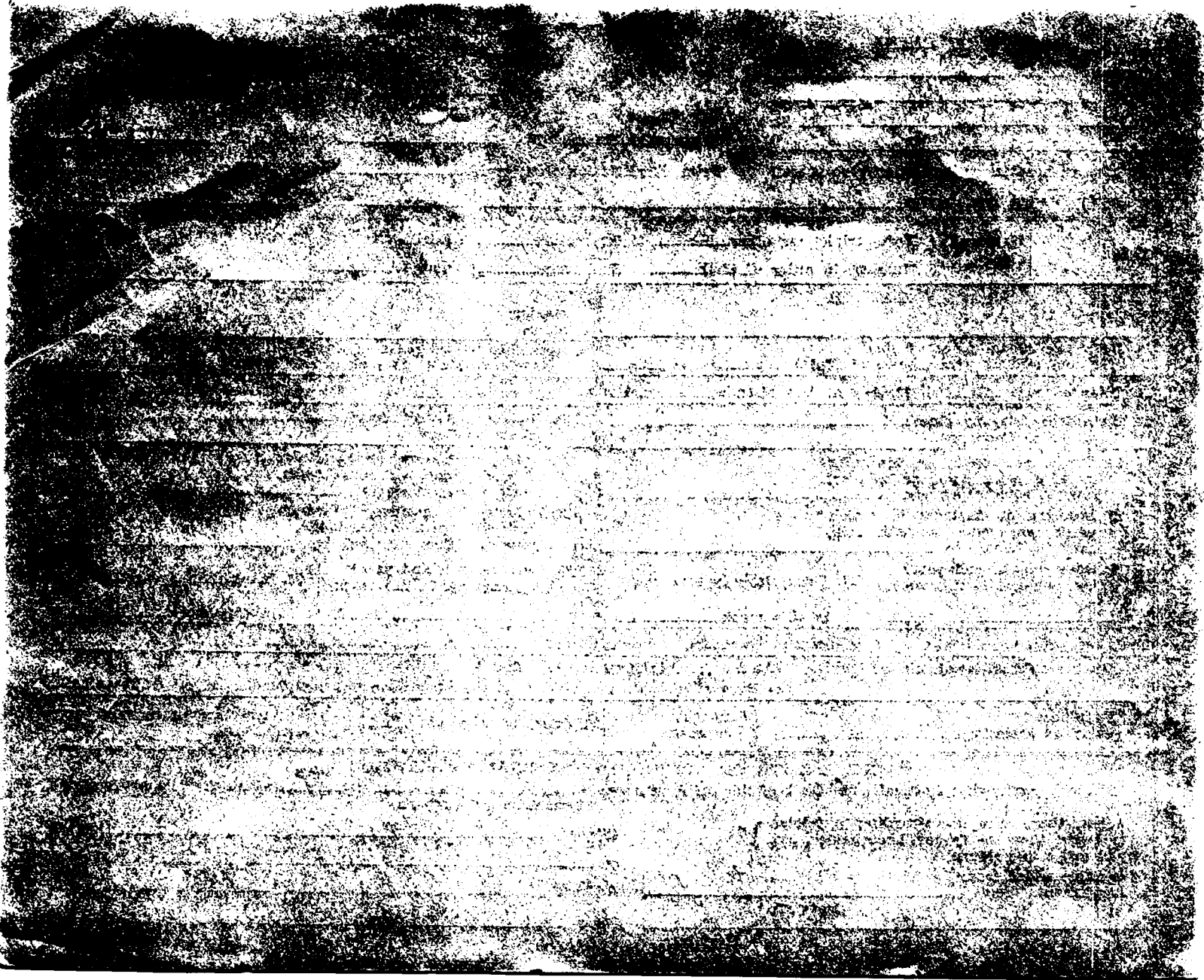
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) L. P. Bloomberg, M. D.
or Midwife
Address Clarkston, Washington
Filed Jan 6, 1941 Patricia Burke Deputy Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 13 1941

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122593
Local Reg. No.
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed --- days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? ---------- years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Arnold Cameron Bruce Arnold

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 28, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Still born			hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name S. Dean Arnold
13. Birthplace Waitsburg, Washington (City or town) (State or foreign country)

Mother
14. Maiden name Helen Hansen
15. Birthplace Bimidji, Minn., (City or town) (State or foreign country)

16. Informant's **OWN** Signature S Dean Arnold
and Address Clarkston, Wn
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-28-40 (Month) (Day) (Year)
(c) Place: Clarkston, Wn
18. Funeral Director's **OWN** Signature H.R. Merchant Elmer Oglesby
and Address Clarkston, Wn
19. (a) Dec 30 1940 (Date received and filed) (b) Patricia Burke (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 28 19 40
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Asphyxia Strangulation
Due to Prolapse of Cord
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature L Blackledge (M. D. or other)
and Address Lewiston Ida Date 12/31 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Payette
City of Payette
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JAN 2 1941
CERTIFICATE OF BIRTH 305889

Registration District No. 3 State File No. ____
Prim. Registration District No. 330 Local Registrar's No. 216

2. FULL NAME OF CHILD Dead born Stilwell.

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature yes Full term ____ | 7. Legitimate? yes | 8. Date of birth Dec. 26, 1940 (Month, Day, Year)

FATHER

9. Full name Vern Harold Stilwell
10. Residence (usual place of abode) (If non-resident, give place and State) Payette
11. Color or race W | 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Boise, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stockyard
16. Date (month and year) last engaged in this work Present, 19____ | 17. Total time (years) spent in this work 2 yr.

MOTHER

18. Full maiden name Emma Mae Harriman
19. Residence (usual place of abode) (If non-resident, give place and State) Payette
20. Color or race W | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Malhuer Co. near Weiser

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hwf
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Present, 19____ | 26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother one (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation 16 weeks (months or weeks) | 30. Cause of Stillbirth Influenza of Mother (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was deadborn (Born Alive or Stillborn) at 3 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. H. Clark, M. D.
or ____, Midwife
Address Payette, Idaho

Give name added from a supplemental report ____
(Date of) ____
Registrar.

Filed 12/31/1940 193__ J. O. Woodward
Registrar.

Vein Health Stimwell

Posture

Legwear

Pain

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 2 1941

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122594
Local Reg. No. 91
Reg. Dist. No. 3-350

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or R. F. D. No. 6th. Ave. S.
(d) Death Occurred Inside? ..... Outside? yes city or town
(e) Died in a Home ... Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county - years - months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or ~~XXXXXX~~ 6th Ave SO
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Deadborn, Stilwell.

3. (b) If veteran, name war ////// 3. (c) Social Security No. //////////
5. Color or race White 6. (a) Single, widowed, married, divorced ////
4. Sex Male
6. (b) Name of husband or wife ////////// 6 (c) Age of husband or wife if alive -- ////// years
7. Date of Birth (Month, Day, Year) December 26 1940

8. AGE	Years	Months	Days	If less than 1 day
	////	////	////	hrs //// min.

9. Exact Occupation ////////// Did this work for //// yrs.
10. Industry or Business ////////// Date last worked //////
11. Birthplace Payette, Idaho (City or town) (State or foreign country)

Father
12. Name Vern Harold Stilwell
13. Birthplace Boise, (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Emma Mae Harriman
15. Birthplace Malheur Co, Near Weiser Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Vern Stilwell and Address Payette, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) December 30 (Day) '40 (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's **OWN** Signature Edith Landon and Address Payette, Idaho.
19. (a) 12/31/1940 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dead born 12-26 1940
at 8 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from Dec 26 1940, to Dec 26 '40 19
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Deadborn	
Due to Influenza of Mother	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature M. Clark MD (M. D. or other)
and Address Payette Idaho Date 12/31 1940
(For additional space, use reverse side)

Riverside Cemetary

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	.....*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	.....*1 day*.....
.....	.....
Due to.....*Auto accident*.....	.....*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	.....*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	.....*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	.....*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	.....*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Wallace Hosp.

(If born in hospital or institution give name.)

DEC 26 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S005891

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. 185

2. FULL NAME OF CHILD Baby girl Lawson (Stillborn)

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? Yes

8. Date of birth 11-24-1940 (Month, Day, Year)

FATHER

9. Full name Galen Lawson

10. Residence (usual place of abode) (If non-resident, give place and State) Saltese Mont

11. Color or race White 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Tulsa Okla

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work 6 yr

MOTHER

18. Full maiden name Evelyn Nelson

19. Residence (usual place of abode) (If non-resident, give place and State) Saltese

20. Color or race White 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Calfax Wash

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work 9 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 7½ months ~~or weeks~~

30. Cause of stillbirth ____ Before labor Tumor of Cord During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:45 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

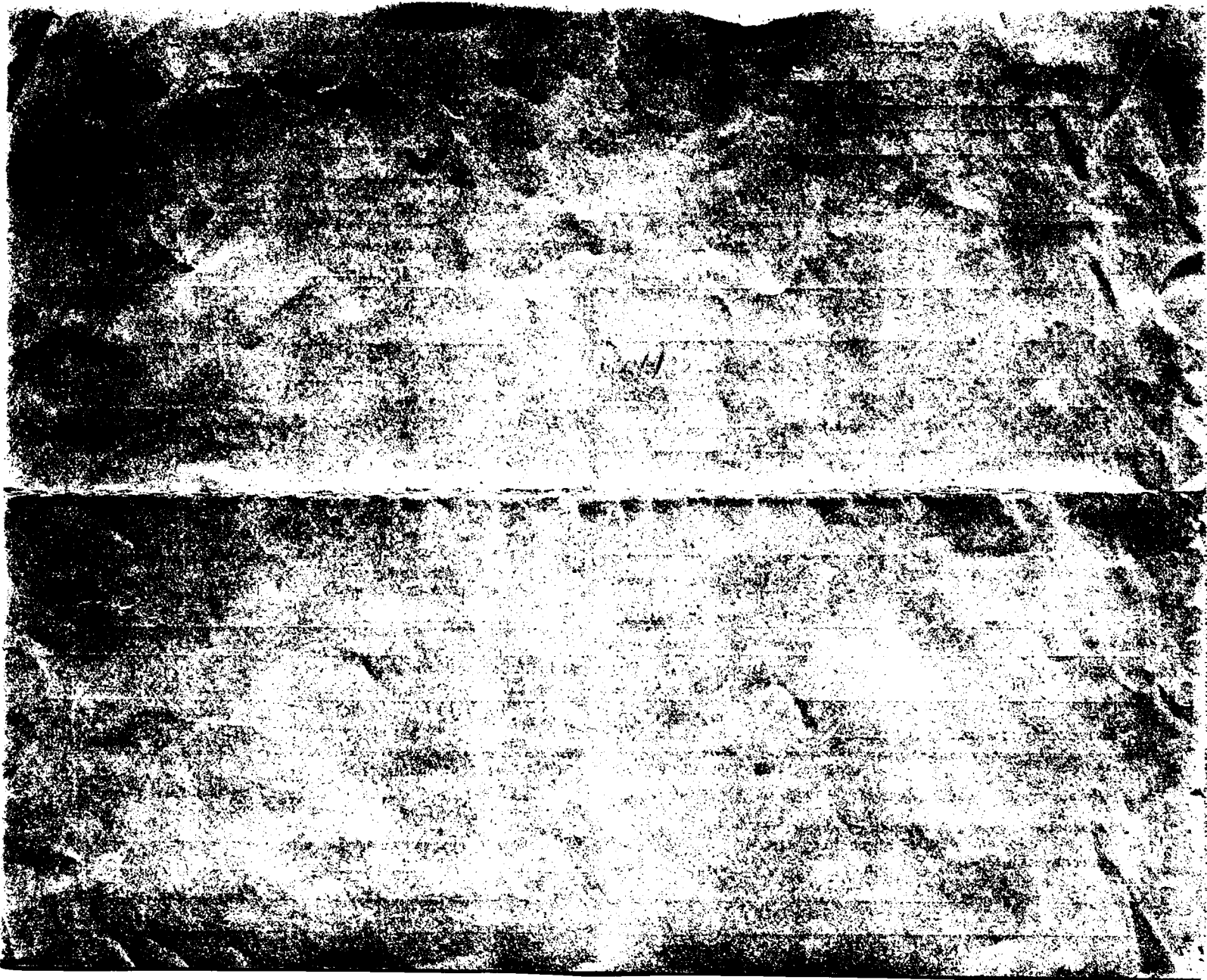
(Signed) C. B. Hunter, M. D.
or ____ Midwife

Address Wallace Hosp. Wallace Idaho

Give name added from a supplemental report ____
(Date of)

Filed Dec 23, 1940 John Baker
Registrar.

____
Registrar.



122596

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 68
Local Reg. No.
Reg. Dist. No. 140

DEC 26 1940

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Girl Lawson

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 27 - 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Wallace (City or town) Idaho (State or foreign country)

Father
12. Name Dalen Lawson
13. Birthplace Judsa, (City or town) Oklahoma (State or foreign country)

Mother
14. Maiden name Evelyn Nelson
15. Birthplace Calfax, (City or town) Washington (State or foreign country)

16. Informant's **OWN** Signature and Address Dorothy Lawson Wallace Idaho
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) 11 (Day) 27 (Year) 40
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature and Address J A Bever (Wards) Wallace Idaho
19. (a) Dec-27-40 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month) Nov. (Day) 27, (day of birth) (Year) 1940
at 3 45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Death in utero:	
Due to Tumor of umbilical cord	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Lewis B. Hunter M.D. (M. D. or other)
and Address Wallace Idaho Date 12-19 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia*; *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic'd Lic'd on
ADDITIONAL REMARKS Resident 7 mo, but fatal death probably required 6 weeks previously. There was marked torsion of the umbilical cord

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 10 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 305892

Registration District No. 466 State File No.

Prim. Registration District No. Local Registrar's No. 819

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. County General Hospital St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edith James

3. Sex F. | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature yes Full term no | 7. Legitimate? yes | 8. Date of birth Dec. 5, 1940 (Month, Day, Year)

FATHER

9. Full name Harold C. James
10. Residence (usual place of abode) (If non-resident, give place and State) Murtaugh, Ida.
11. Color or race W. | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) Bevier, (State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Present time, 1940
17. Total time (years) spent in this work 2 yrs.

MOTHER

18. Full maiden name Edith Rea Callen
19. Residence (usual place of abode) (If non-resident, give place and State) Same
20. Color or race W. | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) Nyssa, (State or Country) Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Present time 1940
26. Total time (years) spent in this work 9 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (Born Alive or Stillborn) at 10:45 a.m. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Registrar.

(Signed) Harwood L. Straw, M. D.
or ____, Midwife
Address Twin Falls, Ida.
Filed 1-6, 1941



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 1 0 1941

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 122597
Local Reg. No. 297
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen.Hosp.
(d) Death Occurred Inside? ..... Outside? X ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. T.F.Co.Gen. Stayed ..... days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Murtaugh
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** JAMES, Edith

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec., 5, 1940

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	0	0		

9. Exact Occupation none — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Twin Falls, (City or town) Idaho (State or foreign country)

Father
12. Name H. C. James
13. Birthplace Bevier, (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Rea Callen
15. Birthplace Nysa, (City or town) Oregon (State or foreign country)

16. Informant's **OWN** Signature H. C. James
and Address Murtaugh Ida.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-5-40 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature White Mortuary, Inc. Hugh W. Tillotson E-349
and Address Twin Falls, Idaho
19. (a) Dec. 7-1940 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec., 5, 1940
at 10:30 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Not seen alive 19 .....
I last saw h..... alive on ..... 19 ..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stillborn (6 mo) — Duration .....
Due to Torsion of umbilical cord
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Harwood L. Stowe (M. D. or other)
and Address Twin Falls, Ida. Date 12-6 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Hugh N. Tuttle Lic. No. 342 at Twin Falls on 12-5-40
ADDITIONAL REMARKS

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

12-3016

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 15 1941

S 307586

State File No.
Local Reg. No. 6
Reg. Dist. No. 110

1. **PLACE OF BIRTH:**
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. 1211 main
   (d) Name of Hospital or Maternity Home: Community Hosp.
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 10 days.
   In **THIS** county 9 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. 1211 Main
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.
   (f) Mother's mailing address (For registration notice):
   1211 Main (Street or R. F. D.) Sandpoint (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Ida.

4. **FULL NAME OF CHILD** Stillborn Davis

5. Date of Birth (Month, day, year) 12/27-40

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 6

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Davis

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Claysburg, Penn. (City or Town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business Woods

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verna Aueringer

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Corvallis, Mont. (City or Town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Stillborn (born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Verna Davis (First name) (Last name), who is related to this child as Mother (Mother, ~~etc.~~)

26. (a) Feb 10 1941 (Date received) (b) Virgil C Eaton (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Walter P. Werelius M.D. (D.O., Midwife, etc.)
and address Sandpoint, Ida. Date 2-9-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 88-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 88-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 88-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 88-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 88-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $800.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 13 1941

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 123016
Local Reg. No. 105
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Community Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 12-11 - Main St
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? X
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Davis

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 21, 1940
8. **AGE** Years | Months | Days | If less than 1 day Stillbirth hrs min.
9. Exact Occupation None Did this work for yrs.
10. Industry or Business None Date last worked
11. Birthplace Sandpoint Idaho (City or town) (State or foreign country)
Father 12. Name Charles A Davis
Father 13. Birthplace Emporium Pa. (City or town) (State or foreign country)
Mother 14. Maiden name Verna Aurynger
Mother 15. Birthplace Corvallis, Mont. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Charles A Davis and Address Sandpoint Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22. 1940 (Month) (Day) (Year)
(c) Place Pinecrest Cemetery, Sandpoint Ida
18. Funeral Director's **OWN** Signature E N Hoag and Address Sandpoint, Idaho.
19. (a) Dec 24 1940 (Date received and filed) (b) Cecil Cockburn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 21, 1940 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 21 Dec 1940
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Toxemia of pregnancy — 1 wk
Child born a dead pregnancy
Due to Should have normally
terminated Feb 4, 1941
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter R Werelius (M. D. or other)
and Address Sandpoint, Ida. Date 12-21 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

123020

PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Mary Jean Hospital

(If born in hospital or institution give name.)

RECEIVED
FEB 3 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 307590

Registration District No. 341 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD stillborn John Frederick Lenaghen

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Y	December 6 1940

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn 1

FATHER	MOTHER
FULL NAME Mr. Halsey Lenaghen	FULL MAIDEN NAME Mrs. Edith ——— Lenaghen
Residence (Usual place of abode) Star, Idaho	Residence (Usual place of abode) Star, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 46 (Years)	Color or race white Age at last Birthday 32 (Years)
Birthplace Middleton, Idaho (City and State or County)	Birthplace Rossland, British Columbia, Canada (City and State or County)
Occupation mechanic	Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Born alive~~ Stillborn at 6.15 P. M. on the date above stated.

(Signature) J. P. Rawlens

(Physician or midwife)

Address Emmett

Filed 2-1-1941 J. R. Reynolds Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Signature)

(Physician or midwife)

Address

Filed 19

Where there was no attending physician or midwife, then the father, householder, or other responsible party should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Sex of Child

Twin, or triplet, or other?

Number in order of birth

Length of pregnancy (only in case of plural birth)

Legitimate?

Date of birth (Month) (Day) (Year)

Age

(If stillborn, substitute the word "Stillborn" for name of child)

Full Name of Child

Twin, Registration District No. Local Registration District No.

Registration District No. State File No.

PARTICULARS OF PARENTS

FATHER		MOTHER
	Full Maiden Name	
	Residence (Last place of abode)	
	If non-resident, give place and date	
	Color or race	
	Age at last Birthday (Years)	
	Birthplace (City and State or Country)	
	Occupation	

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Number of these born dead ..... Stillborn .....

Other pregnancies were noted to present Ophthalmia Neonatorum? .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem

City of Emmett

RECEIVED

JAN 6 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 348

Primary Registration District No. ..... Local Registrar's No. .....

(No. Mary Lecure Hospital, Inc.)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 123020

2. FULL NAME Baby Lenaghen (Stillborn)

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
December 6, 1940

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

MOTHER FATHER

13. NAME Halsey Jackson Lenaghen

14. BIRTHPLACE (city or town) Middleton
(State or country) Idaho

15. MAIDEN NAME Edith Mary Hawkins

16. BIRTHPLACE (city or town) Rossland
(State or country) British Columbia

17. INFORMANT Halsey J. Lenaghen
(Address) Star, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho Date 12/6/40, 193..

19. UNDERTAKER H. F. Engbretson
(Address) Star, Idaho

20. FILED 12-7-, 1940 J. C. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/6 1940

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
stillborn (cause unknown)	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) R. H. Lawlessen, M. D.

(Address) Emmett, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	*July* 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May* 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 *week ago*
Run over by street car	1 *week ago*
Peritonitis	3 *days ago*
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 *year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH

County of Elmore

City of

No. Rte 2. St.

(If born in hospital or institution give name.)

RECEIVED

FEB 3 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 307591

Registration District No. State File No. 340

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Infant Son of Clarence O. Rogers

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? | 8. Date of birth Jan 2, 1941 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Clarence Omer Rogers	18. Full maiden name: Jessie R. Enright
10. Residence (usual place of abode) (If non-resident, give place and State): Emmett, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Emmett Idaho
11. Color or race: Cau. | 12. Age at last birthday: 41 (years)	20. Color or race: | 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Paloa, Kansas	22. Birthplace (city or place) (State or Country): Lenark, Iowa
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: , 19	25. Date (month and year) last engaged in this work: , 19
17. Total time (years) spent in this work: 25	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? -

28. Number of children of this mother: four (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead - (c) Stillborn 1

29. If stillborn, period of gestation: Seven (months or weeks) | 30. Cause of stillbirth: (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was a still born at 12 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) C. E. Lawlinson, M. D.

or , Midwife

Address Emmett Ida.

Filed 2-1-, 1941 J. R. Rupsner
Registrar.

Printing

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 3 1941

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 123021
Local Reg. No. 340
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No. R F D 2
(d) Death Occurred Inside?.....Outside?...X.....city or town
(e) Died in a Home X Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst.....Stayed.....days
(g) Lived in this county.....years.....months.....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No. R F D 2
(e) Deceased lived Inside?.....Outside?...X.....city or town
(f) If foreign born, in U. S.....yrs. Citizen of U. S.?.....
(g) How long had deceased lived in Idaho?.....years
(h) Former residence (city, state).....

3. (a) **FULL NAME** Infant Son of Clarence O. Rogers

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6 (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) Jan 2, 1941

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	St	ill-born			

9. Exact Occupation Infant Did this work for .....yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Emmett (City or town) Ida (State or foreign country)

Father
12. Name Clarence Omer Rogers
13. Birthplace Pelco (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Vern R. Enright
15. Birthplace Sewal (City or town) Iowa (State or foreign country)

16. Informant's **OWN** Signature Clarence O Rogers and Address Emmett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3, 1941 (Month) (Day) (Year)
(c) Place: Emmett, Ida

18. Funeral Director's **OWN** Signature C M Buckmun and Address Emmett

19. (a) 1/3/41 (Date received and filed) (b) J C Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 2 1941
at.....o'clock.....M.

21. **I HEREBY CERTIFY,** That I attended deceased from .....19....., to.....19.....
I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Still born — Duration
Due to cause unknown
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Where was disease first contracted?.....
Name of operation..... Date.....
Major finding .....
Finding of autopsy.....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

23. Attendant's **OWN** Signature C M Buckmun (M. D. or other)
and Address Emmett Date 1/6 1941

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* *1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. ____ St. St Joseph Hospital
(If born in hospital or institution give name.)

RECEIVED
FEB 17 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 307597

Registration District No. 220 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Baby Halsey

3. Sex M. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth 12 14 1940 (Month, Day, Year)

FATHER

9. Full name Wallace C. Halsey
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Ida.
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Baker Oregon

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rockman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 1940
17. Total time (years) spent in this work 1½ yrs

MOTHER

18. Full maiden name Mamie Frances Rockville
19. Residence (usual place of abode) (If non-resident, give place and State) Baker Ore.
20. Color or race White | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Oakland California

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 1940
26. Total time (years) spent in this work 3½ yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation 5 months, ____ months or weeks
30. Cause of Stillbirth Premature Separation of Placenta. | During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Stillborn at 10:15 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)

(Signed) Joseph E. Baldwin, M. D.
or ____, Midwife
Address Lewiston Idaho

Filed Jan 6, 1941 Patricia Burke Registrar.
Deputy
Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 17 194

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 123027
Local Reg. No.
Reg. Dist. No. 226

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Halsey

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 14, 1940

8. AGE	Years	Months	Days	If less than 1 day
	Still Born			hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Father
12. Name Wallace Halsey
13. Birthplace Asotin (City or town) Washington (State or foreign country)

Mother
14. Maiden name Marie Richville
15. Birthplace Clarkston, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature W.E. Halsey
and Address Asotin Wash
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/14/1940 (Month) (Day) (Year)
(c) Place: Clarkston, Wn
18. Funeral Director's **OWN** Signature W.C. Merchant
and Address Clarkston, Wn
19. (a) Jan 24 1941 (Date received and filed) (b) Patricia Burke (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 14, 1940
at 11 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Dec 14 1940, to Dec 14 1940.
I last saw her alive on Dec 14 1940; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Still Born gestation 4½ mo.
Due to Premature Separation of Placenta.
Due to
Other conditions None.
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Joseph C Bedard M.D. (M. D. or other)
and Address Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

1. PLACE OF BIRTH

County of Wash

City of Weiser

No. 6 Congressional St.

Little Flower

(If born in hospital or institution give name.)

RECEIVED

JAN 8 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

307600

S

Registration District No. 320 State File No.

Prim. Registration District No. Local Registrar's No. 75

2. FULL NAME OF CHILD Baby Branch

3. Sex: Female

If plural births: 4. Twin, triplet, or other

5. Number, in order of birth 3

6. Premature Yes Full term 6

7. Legitimate? yes

8. Date of birth Dec 29, 1943 (Month, Day, Year)

FATHER

9. Full name Milton B. Branch

10. Residence (usual place of abode) (If non-resident, give place and State) Weiser

11. Color or race W | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work Nov 1, 1942

17. Total time (years) spent in this work 10 yrs

MOTHER

18. Full maiden name Ellen Helma West

19. Residence (usual place of abode) (If non-resident, give place and State) Weiser

20. Color or race W | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Col.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work Aug 15, 1940

26. Total time (years) spent in this work 8 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation yes. 7½ months or weeks

30. Cause of stillbirth Toxemia — Before labor yes — During labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:30 p.m. on the date above stated.

(~~Born Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) T A Schmitz, M. D.

or , Midwife

Address Weiser, Idaho

Filed 1-6-1944 Maree Faulkner

Registrar.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
born alive at ____ o'clock ____ M., on the ____ day of ____, 19____.

(Signed) _____

(Address) _____

(Date) _____

When there was no attending physician or midwife, then the father, householder, or other person having knowledge of the birth may sign above.

United States
Department of Commerce
Bureau of the Census

JAN 22 [illegible]

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 123030
Local Reg. No. 37
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser.
(c) Street Address or R. F. D. No. East Commercial
(d) Death Occurred Inside? x Outside? ..... city or town
(e) Died in a Home ....Hospital x Institution ....Other place ....
(f) Name Hosp. or Inst. Little Flower Stayed --- days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho, (b) County Washington
(c) City or town Weiser
(d) Street Address or R. F. D. No. E. Court
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? still Born years
(h) Former residence (city, state) still Born

3. (a) **FULL NAME** Baby Branch

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Female 5. Color or race wht 6. (a) Single, widowed, married, divorced ---

6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) December, 29, 1940.

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation ------ Did this work for ..... yrs.
10. Industry or Business ------- Date last worked .....
11. Birthplace Weiser, (City or town) Idaho. (State or foreign country)

Father
12. Name Milton B. Branch
13. Birthplace Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Ellen Helma West
15. Birthplace Colorado. (City or town) (State or foreign country)

16. Informant's **OWN** Signature ..... and Address .....
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29/40 (Month) (Day) (Year)
(c) Place: .....
18. Funeral Director's **OWN** Signature ..... and Address .....
19. (a) 1/20/41 (Date received and filed) (b) Marie Hawthorne (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Don't know ..... 19.....
at .....o'clock .....M. still Born.

21. **I HEREBY CERTIFY,** That I attended deceased from .....19....., to.....19.....
I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Toxemia of Pregnancy — Duration .....
2nd Stage
Due to.....
Acute mastitis
Due to.....
Other conditions.... Cretin
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation..... Date.....
Major finding .....
Finding of autopsy.....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

23. Attendant's **OWN** Signature F. A. Schmidt M. D. (M. D. or other)
and Address Weiser, Idaho. Date 1/20/41 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

1. PLACE OF BIRTH
County of Latah
City of Kamiah
No. ____ St.
(If born in hospital or institution give name.)

RECEIVED
FEB 26 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

309249 S

Registration District No. 234 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Bettie Kidder

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
F		Full term ✓	yes	12/22, 1940

FATHER	MOTHER
9. Full name: Frank E. Kidder	18. Full maiden name: Eva Dalby
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho
11. Color or race: W | 12. Age at last birthday: 38 (years)	20. Color or race: W | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Kooskia Idaho	22. Birthplace (city or place) (State or Country): Westlake Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.:
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ____, 19__	25. Date (month and year) last engaged in this work: ____, 19__
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living — (b) Born alive but now dead — (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

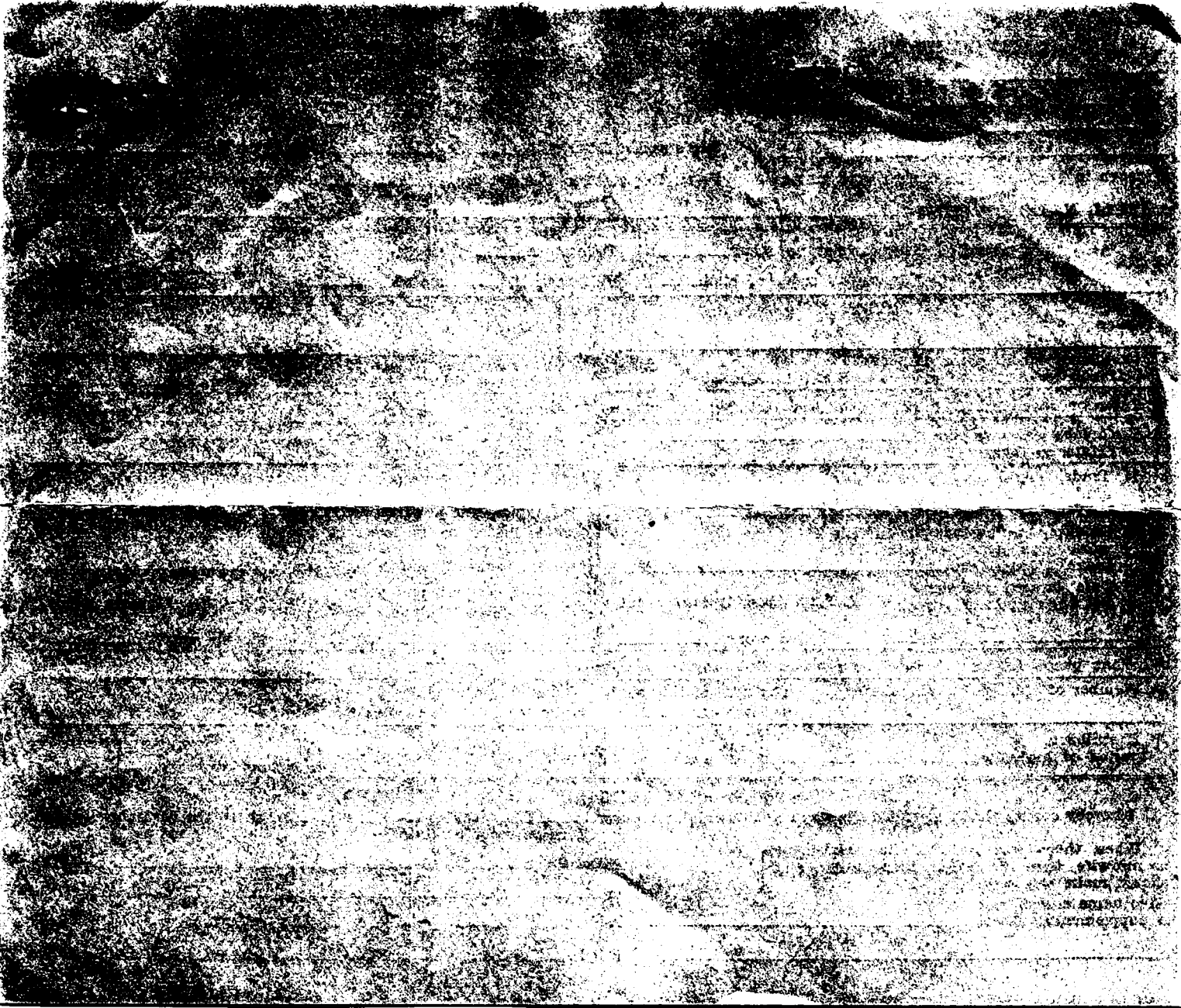
I hereby certify that I attended the birth of this child, who was Stillborn at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) O. L. Rayner, M. D.
or ____, Midwife
Address Kamiah Idaho.
Filed 2/24, 1941 Beulah V. Brown
Registrar.

____ Registrar.



United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 17 '54

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 12339234
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ... city or town
(e) Died in a Home ✓ Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county ... years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Lew
(c) City or town Woodrin
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ... Outside? ... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? ...
(g) How long had deceased lived in Idaho? ... years
(h) Former residence (city, state)

3. (a) **FULL NAME** Bettie Kibbler

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓ 6 (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Dec. 22 - 1940.

8. AGE	Years	Months	Days	If less than 1 day
				Sext born hrs min.

9. Exact Occupation ✓ Did this work for ... yrs.
10. Industry or Business ✓ Date last worked
11. Birthplace ... (City or town) ... (State or foreign country)

Father
12. Name Frank E. Kibbler
13. Birthplace Woodrin (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Eva Dalley
15. Birthplace Westlake (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Frank E Kibbler
and Address Woodrin Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 40 (Month) (Day) (Year)
(c) Place: Newlond Cemetary
18. Funeral Director's **OWN** Signature Geo H. Freeman
and Address Woodrin
19. (a) Dec. 28, 1940 (Date received and filed) (b) Buelah Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 22 1940
at ... o'clock ... M.

21. I **HEREBY CERTIFY,** That I attended deceased from ... 19 ..., to ... 19 ...
I last saw h... alive on ... 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Stone Born - Dead Known
Due to Dead Known
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature [illegible] M. D.
(M. D. or other)
and Address Kamiah Date 12-23 1940
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the ofnce of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

S309252

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 1 3

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 450

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1 23402

1. **PLACE OF BIRTH:**
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No. R F D
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   R F D (Street or R. F. D.) Rupert (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Rupert Ida.

4. **FULL NAME OF CHILD** Wendell Johnson

5. Date of Birth (Month, day, year) Dec 25-1940

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Asa Wendell Johnson

11. Color or Race White

12. Age at time of THIS birth ..... yrs.

13. Birthplace Cove (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Gabaldi

17. Color or Race White

18. Age at time of THIS birth ..... yrs.

19. Birthplace Kemmerer Wyo (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Stillborn (born alive, stillborn) at 8 35 P M. on the date and at the place stated above, and that personal particulars were furnished by Wendell Johnson (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 1-28-41 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** F H Kenyon M.D. (D.O., Midwife, etc.)
and address Rupert Ida Date .....

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 88-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 88-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 88-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 88-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 88-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

United States
Department of Commerce
Bureau of the Census

MAR 13 1941

CERTIFICATE OF DEATH
STATE OF IDAHO

K.

123402

State File No. 123402
Local Reg. No. 12
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Wendell Johnson. (Still Born)

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M race W
5. Color or race
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Rupert (City or town) Idaho (State or foreign country)

Father
12. Name Ora Wendell Johnson
13. Birthplace Cove (City or town) Utah (State or foreign country)

Mother
14. Maiden name Marie Gobardi
15. Birthplace Kemmerer (City or town) Wyo. (State or foreign country)

16. Informant's **OWN** Signature Louis H. Johnson and Address Rupert Idaho
17. (a) (Burial, cremation, or removal) (b) Date thereof Dec. 27-1940 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's **OWN** Signature none and Address
19. (a) 3-12-41 (Date received and filed) (b) C. B. Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 25 19 40
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Stillbirth

Due to difficult labor

Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. H. Kenagy (M. D. or other)
and Address Rupert Ida. Date 1-2 19 41
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

S 311129

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

FEB 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311129
Local Reg. No. 3
Reg. Dist. No. 1-10

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 427 S. Lavina
(d) Name of Hospital or Maternity Home: Community
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
In **THIS** county 2½ years 6 months 0 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Ida (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 427 S. Lavina
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address (For registration notice): Sandpoint, Ida. 427 S. Lavina
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Ida.

4. **FULL NAME OF CHILD** Stillborn Mavity

5. Date of Birth (Month, day, year) 12-17-40

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Gearld Mavity

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Talleca, Illinois
(City or Town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business Exchange Furniture Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace M. Bliss.

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Alkabo, N. Dak.
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Stillborn (born alive, stillborn) at 8 00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Grace M. Mavity (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) 2/10/41 (Date received) (b) Virgil C Ledwon (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)

25. Attendant's **OWN signature** Walter R. Wheelwright M.D. (D.O., Midwife, etc.)
and address Sandpoint, Ida. Date 2-9-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

123780

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 88-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 88-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 88-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 88-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 88-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $800.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

Taken from Birth Certificate

123780

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Community Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 427 S. Lavina
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Stillborn Mavity

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 17, 1940

8. AGE	Years	Months	Days	If less than 1 day
			0	hrs min.

9. Exact Occupation
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace Sandpoint (City or town) (State or foreign country)

Father
12. Name Gearld Mavity
13. Birthplace Taluca, Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Grace M. Bliss
15. Birthplace Alkabo, N. Dak (City or town) (State or foreign country)

16. Informant's **OWN** Signature Grace M. Mavity and Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place:
18. Funeral Director's **OWN** Signature and Address
19. (a) Feb 10, 1941 (Date received and filed) (b) Virgil Goodwin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 17, 1940 19
at o'clock M.

21. I **HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Stillborn
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter R. Cerelius (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage*, *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* *1945* City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia;* *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Lic. No. at on
ADDITIONAL REMARKS

M.C. S 311133

United States Department of Commerce
Bureau of the Census

RECEIVED JAN

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 198
Local Reg. No. 2198
Reg. Dist. No. 471

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ut
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 39 years 3 months 10 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.
(f) Mother's mailing address (For registration notice):
Elba (Street or R. F. D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Elba

4. **FULL NAME OF CHILD** William Jerry Lloyd

5. Date of Birth (Month, day, year) 11/29/40

6. Sex M

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred J. Lloyd

11. Color or Race W

12. Age at time of THIS birth 44 yrs.

13. Birthplace Elba (City or Town) Idaho (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flossie Ethel Parrish

17. Color or Race W.

18. Age at time of THIS birth 39 yrs.

19. Birthplace Elba (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Stillborn (born alive, stillborn) at 9:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Flossie (First name) Lloyd (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) C J Sales (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** C J Sales M.D. (D.O., Midwife, etc.)
and address Albion Ida. Date 1/10/41

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

12-37884

M.C. 8/5/42 vr

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 88-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 88-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 88-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 88-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 88-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $800.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

Taken from Birth Certificate

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 123784
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Elba
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside?.....Outside?.....city or town
   (e) Died in a Home ....Hospital....Institution ....Other place ....
   (f) Name Hosp. or Inst.. .....Stayed.....days
   (g) Lived in this county.....years .....months.....days
   Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Elba
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside?.....Outside?.....city or town
   (f) If foreign born, in U. S. .....yrs. Citizen of U. S.?.....
   (g) How long had deceased lived in Idaho?.....years
   (h) Former residence (city, state).....

3. (a) **FULL NAME** Stillborn Wm.Jerry Lloyd

3. (b) If veteran, name war.....
3. (c) Social Security No.....
4. Sex M
5. Color or race.....
6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 11-29-40

8. AGE	Years	Months	Days	If less than 1 day
			0	0 hrs 0 min.

9. Exact Occupation..... Did this work for .....yrs.
10. Industry or Business..... Date last worked .....
11. Birthplace Elba, Cassia (City or town) (State or foreign country)

Father
12. Name Fred F.Lloyd
13. Birthplace Elba, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Flossie E.Parrish
15. Birthplace Elba, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Flossie Lloyd and Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)
   (c) Place: .....
18. Funeral Director's **OWN** Signature..... and Address .....
19. (a) Apr 21,1941 (Date received and filed) (b)..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 29, 1940 19.....
   at.....o'clock .....M.
21. **I HEREBY CERTIFY,** That I attended deceased from .....19....., to .....19.....
   I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
STILLBORN	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?.....
Name of operation..... Date.....
Major finding .....
Finding of autopsy.....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
   Occurred.....19..... City, county, state where violence occurred.....
   Place of Violence: Home..... Farm..... Industry.....
   Public Place..... While at work?.....
   Means of injury.....
23. Attendant's **OWN** Signature C.I. Sater (M. D. or other)
   and Address Albion Date.....19.....

(For additional space, use reverse side)

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
.....*Cerebral hemorrhage*	*1 day*.....
.....	.....
Due to.....*Skull fracture*.....	*1 day*.....
.....	.....
Due to.....*Auto accident*.....	*1 day*.....
Other conditions.....*Multiple fractures*..... (Include pregnancy within 3 months of death)	*1 day*.....

Where was disease first contracted? *Public place*.....
Name of operation.....*Exp. Craniotomy*..... Date....*11-12-45*.....
Major finding.....*Middle meningeal hemorrhage*.....
Finding of autopsy.....*Cerebral hemorrhage*.....
.....*multiple skeletal fractures*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?.. *yes*.... Suicide?..... Homicide.....
Occurred....*11-12*.....1945 City, county, state where violence occurred.....*Boise, Ada, Idaho*.....
Place of Violence: Home..... Farm..... Industry.....
Public Place .....*yes*..... While at work?.....*yes*.....
Means of injury.....*auto-truck collision*.....

IMMEDIATE CAUSE OF DEATH:	Duration
.....	.....
.....*Hypostatic pneumonia*	*7 days*.....
Due to	.....
.....*Cancer of stomach*.....	*2 years*.....
Due to	.....
Other conditions.....*Secondary anemia*..... (Include pregnancy within 3 months of death)	*2 years*.....

Where was disease first contracted?.....*Idaho*.....
Name of operation.....*Gastroenterostomy*..... Date....*11-12-45*.....
Major finding.....*Cancer of pylorus of stomach*.....
Finding of autopsy.....*Lobar pneumonia;*.....
.....*generalized carcinomatosis*.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

This body embalmed under direction of..... Lic. No..... at..... on.....
ADDITIONAL REMARKS .....
.....
.....
.....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

12378

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

S 311137
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Stillborn Uhl

5. Date of Birth (Month, day, year) Dec 3, 1940

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Chris Uhl, Jr

11. Color or Race Wh

12. Age at time of THIS birth ..... yrs.

13. Birthplace Zeland, South Dak
(City or Town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Stapleman

17. Color or Race Wh

18. Age at time of THIS birth ..... yrs.

19. Birthplace Coleridge, Neb
(City or Town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Stillborn (born alive, stillborn) at 10: Am M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 4-21-41 (Date received) (b) ..... (Registrar's signature)
Made from death certificate

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** F.H.Kenogy M.D. (D.O., Midwife, etc.)
and address Rupert, Date

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 88-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 88-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 88-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 88-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 88-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

K.

123785

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 123785
Local Reg. No. 60
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert DEC 12 1940
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 0 years 0 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Uhl. (Still Born)

3. (b) If veteran, name war
3. (c) Social Security No.
5. Color or race White
6. (a) Single, widowed, married, divorced
4. Sex Male
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 3 - 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation 0 — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Rupert Idaho (City or town) (State or foreign country)

Father
12. Name Chris Uhl Jr.
13. Birthplace Leland South Dak (City or town) (State or foreign country)

Mother
14. Maiden name Dorothy Stapleman
15. Birthplace Colerado Nebr (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chris Uhl Jr.
and Address Rupert Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-40 (Month) (Day) (Year)
(c) Place: Rupert Idaho.
18. Funeral Director's **OWN** Signature Rodney B. Sandman
and Address Rupert Idaho.
19. (a) 12-4-40 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 3 1940
at 10 o'clock A M.

21. I **HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Still born	
8 months	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. V. Kinsman MD (M.D. or other)
and Address Rupert Idaho Date 12-5 1940

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Rodney B Boardman Lic. No. E208 at Rupert on 12-3-40
ADDITIONAL REMARKS

Made from death certificate

S 311138

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311138
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

12789

1. **PLACE OF BIRTH:**
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Rupert General
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   In **THIS** county ____ years ____ months ____ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Stillborn Quinn

5. Date of Birth (Month, day, year) Dec 19, 1940

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Russell M. Quinn

11. Color or Race White

12. Age at time of THIS birth ____ yrs.

13. Birthplace Ephrium, Utah
(City or Town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ernestine Mulkins

17. Color or Race White

18. Age at time of THIS birth ____ yrs.

19. Birthplace Hygine, Colorado
(City or Town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Stillborn (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) 4-21-41 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)

25. Attendant's OWN signature E.H.Elmore M.D. (D.O., Midwife, etc.)
and address Rupert, Idaho Date ____

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 88-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 88-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 88-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 88-228. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 88-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

E

United States
Department of Commerce
Bureau of the Census

JAN 9 1941

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 123789
Local Reg. No. 66
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ..... Institution ✓ Other place .....
(f) Name Hosp. or Inst. Rupert Semi Stayed 0 days
(g) Lived in this county 6 years 0 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Quinn (Still Born)

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec 19 1940

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Rupert (City or town) Idaho (State or foreign country)

Father
12. Name Rudell M Quinn
13. Birthplace Ephraim (City or town) Utah (State or foreign country)

Mother
14. Maiden name Ernestine Mulkins
15. Birthplace Nyssine (City or town) Colo. (State or foreign country)

16. Informant's **OWN** Signature Mrs. Rudell M Quinn
and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-1940 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's **OWN** Signature Rodney B Goodman
and Address Rupert Idaho
19. (a) 12-20-40 (Date received and filed) (b) D W Ebmeier (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-19 1940
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to 12-19 1940
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature	7 months
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature D W Ebmeier (M. D. or other)
and Address Rupert Ida. Date 1-3- 1941
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duties:

1. INFORMANT shall SIGN HIS OWN NAME under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

Penalties: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

Statement of Place of Death

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

Statement of Usual Residence of Deceased

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	Duration
Cerebral hemorrhage	*1 day*
Due to *Skull fracture*	*1 day*
Due to *Auto accident*	*1 day*
Other conditions *Multiple fractures* (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation *Exp. Craniotomy* Date *11-12-45*
Major finding *Middle meningeal hemorrhage*
Finding of autopsy *Cerebral hemorrhage, multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? Homicide
Occurred *11-12* 1945 City, county, state where violence occurred *Boise, Ada, Idaho*
Place of Violence: Home Farm Industry
Public Place *yes* While at work? *yes*
Means of injury *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	Duration
Hypostatic pneumonia	*7 days*
Due to *Cancer of stomach*	*2 years*
Due to	
Other conditions *Secondary anemia* (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? *Idaho*
Name of operation *Gastroenterostomy* Date *11-12-45*
Major finding *Cancer of pylorus of stomach*
Finding of autopsy *Lobar pneumonia; generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Rodney Henderson Lic. No. E208 at Rupert on 12-19-1940
ADDITIONAL REMARKS